Fill	in this information to identify your case:		
Deb	otor 1 Kenton B. Loxley		
Deb	First Name Middle Name Last Name tor 2 Deborah D. Loxley		
	use if, filing) First Name Middle Name Last Name		
Uni	ted States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA		
Cas (if kn	e number		eck if this is an ended filing
Su Be a	ficial Form 106Sum  mmary of Your Assets and Liabilities and Certain Statistical Information s complete and accurate as possible. If two married people are filing together, both are equally responsible for		
	mation. Fill out all of your schedules first; then complete the information on this form. If you are filing amend original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.	ed sch	edules after you file
Par	1: Summarize Your Assets		
			r assets le of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$_	348,600.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$_	9,167.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$_	357,767.00
Par	2: Summarize Your Liabilities		
			r liabilities ount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$_	155,953.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$_	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$_	142,589.64
	Your total liabilities	\$	298,542.64
Par	3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$_	5,405.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$_	4,690.22
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other	schedules.
7.			
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	persona	ıl, family, or household
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this is court with your other schedules.	box and	submit this form to the

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

Debtor 1	Kenton B. Loxley
Debtor 2	Deborah D. Loxlev

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

1,687.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

Desc

Debtor 1	Kento First Nar	on B. Lox	xley	Middle Name		Last Name					
Debtor 2		rah D. L	oxlev	daio Name		200 Hallo					
(Spouse, if filing)	First Nar		.c.nicy	Middle Name		Last Name					
Jnited States	Bankruptcy (	Court for	the: MIDE	LE DISTRIC	T OF PENNSY	′LVANIA					
Case number										П	Check if this is a
Dase Humber						-				Ц	amended filing
<u>Official F</u>			-								
Schedu	ule A/E	3: Pr	opert	У							12/15
each category	y, separately l	list and de	escribe items	. List an asse	t only once. If	an asset fits in more t	than one	category, li	st the asset in	n the c	ategory where you
Do you own	or have any l	egal or ed	quitable inter	est in any res	idence. buildina	, land, or similar prop	nortu?				
☐ No. Go to F ☑ Yes. Whe	Part 2. ere is the prope	erty?			• • • • • • • • • • • • • • • • • • •	, <b>p. op</b>	Jerty r				
Yes. Whe		erty?					Jerty r				
☑ Yes. Whe	ere is the prope	erty?		Wha	it is the property	? Check all that apply	erty :	Do not ded	uct secured cl	aims or	exemptions. Put
☑ Yes. Whe	ere is the prope	ŕ	cription		i <b>t is the property</b> 3 Single-family h	? Check all that apply nome	erty :	the amount	of any secure	ed claim	exemptions. Put
⊠ Yes. Whe  1.1  6687 Sc	ere is the prope outh Rd.	ŕ	cription	<b>W</b> ha	it is the property  Single-family h  Duplex or mult	? Check all that apply nome ti-unit building	serty r	the amount	of any secure	ed claim	
⊠ Yes. Whe	ere is the prope outh Rd.	ŕ	cription	Wha ⊠	it is the property  Single-family h  Duplex or multo Condominium	? Check all that apply nome	serty?	the amount Creditors V	of any secure Vho Have Clai	ed claim ms Sec	ns on Schedule D: ured by Property.
☑ Yes. Whe	outh Rd.	ŕ	cription 17360	Wha 	it is the property  Single-family h  Duplex or mult  Condominium  Manufactured	? Check all that apply nome ti-unit building or cooperative	serty?	the amount	of any secure Who Have Clain	ed claim ms Sec Cur	ns on Schedule D:
Yes. When the second of the se	outh Rd.	or other desc		<b>W</b> ha 	t is the property Single-family h Duplex or mult Condominium Manufactured Land Investment pro	? Check all that apply nome ti-unit building or cooperative or mobile home	erty r	the amount Creditors V  Current va entire prop	of any secure Who Have Clain	ed claim ms Sec Cur	ns on Schedule D: sured by Property.
Yes. When	outh Rd.	or other desc	17360	Wha	t is the property Single-family h Duplex or mult Condominium Manufactured Land Investment pro	? Check all that apply nome ti-unit building or cooperative or mobile home	erty r	Current va entire prop	of any secure Who Have Clain lue of the perty? 18,600.00	ed claim ms Sec	ns on Schedule D: cured by Property. rent value of the tion you own?
Yes. When	outh Rd.	or other desc	17360	Wha	t is the property Single-family h Duplex or mult Condominium Manufactured Land Investment pro Timeshare Other	? Check all that apply nome ti-unit building or cooperative or mobile home		Current va entire prop \$34	of any secure who Have Clain lue of the perty? 18,600.00 the nature of yee simple, ten	Cur port	ns on Schedule D: cured by Property. rent value of the tion you own? \$348,600.00
Yes. When the second of the se	outh Rd.	or other desc	17360	Wha	t is the property Single-family h Duplex or mult Condominium Manufactured Land Investment pro Timeshare Other	? Check all that apply nome ti-unit building or cooperative or mobile home		Current va entire prop \$34 Describe ti (such as fe a life estate	of any secure Who Have Clain lue of the perty? 18,600.00 he nature of y	Cur port	ns on Schedule D: nured by Property.  rent value of the tion you own? \$348,600.00
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1.1 6687 Sc Street addre	outh Rd.	or other desc	17360	Wha	t is the property Single-family I Duplex or mult Condominium Manufactured Land Investment pro Timeshare Other has an interest Debtor 1 only Debtor 2 only	? Check all that apply nome ti-unit building or cooperative or mobile home operty in the property? Chec		Current va entire prop \$34 Describe ti (such as fe a life estat Tenancy	lue of the perty? 48,600.00 he nature of yee simple, tene), if known. by the Ent	Cur port	ns on Schedule D: nured by Property.  rent value of the tion you own? \$348,600.00 wnership interest by the entireties, o
Yes. When the second of the se	outh Rd.	or other desc	17360	Wha	t is the property Single-family I Duplex or mult Condominium Manufactured Land Investment pro Timeshare Other has an interest Debtor 1 only Debtor 2 only	? Check all that apply nome ti-unit building or cooperative or mobile home operty in the property? Chec	ck one	Current va entire prop \$34  Describe ti (such as fe a life estat Tenancy	of any secure who Have Clain lue of the perty? 18,600.00 the nature of y see simple, ten e), if known.	Cur port	ns on Schedule D: nured by Property.  rent value of the tion you own? \$348,600.00 wnership interest by the entireties, o
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Yes. When the second of the se	outh Rd.	or other desc	17360	Wha  Wha  C  Who  C  Who  C  Other	t is the property Single-family h Duplex or mult Condominium Manufactured Land Investment pro Timeshare Other has an interest Debtor 1 only Debtor 2 only At least one of	? Check all that apply nome ti-unit building or cooperative or mobile home operty  in the property? Chec	ck one -	the amount Creditors M  Current va entire prop \$34  Describe ti (such as fe a life estati Tenancy	lue of the perty? 18,600.00 he nature of yee simple, tene), if known. by the Ent	Cur port	ns on Schedule D: nured by Property.  rent value of the tion you own? \$348,600.00 wnership interest by the entireties, o
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Yes. When the second of the se	outh Rd.	or other desc	17360	Wha  Wha  C  Who  C  Who  C  Other	Single-family has been been condemarked by the cond	? Check all that apply nome ti-unit building or cooperative or mobile home operty  in the property? Chec	ck one -	the amount Creditors M  Current va entire prop \$34  Describe ti (such as fe a life estati Tenancy	lue of the perty? 18,600.00 he nature of yee simple, tene), if known. by the Ent	Cur port	ns on Schedule D: nured by Property.  rent value of the tion you own? \$348,600.00 wnership interest by the entireties, o
Seven V City  York  County	outh Rd. ess, if available, o	PA State	17360 ZIP Cod	Wha	Single-family has been been deprecated by the condominium of the condo	? Check all that apply nome ti-unit building or cooperative or mobile home operty  in the property? Chec	ck one - ner <b>this item</b> ,	Current va entire prop \$34  Describe ti (such as fe a life estati Tenancy  Check (see ins such as local content of the content	lue of the perty? 18,600.00 he nature of yee simple, tene), if known. by the Ent	Cur port	ns on Schedule D: nured by Property.  rent value of the tion you own? \$348,600.00 wnership interest by the entireties, o

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Debt Debt			Case number (if known)	
3. <b>C</b>	ears, vans, trucks, tractors, sport utility v	vehicles, motorcycles		
	No Yes			
3.1	Make: Honda Model: Accord V6	Who has an interest in the property? Check one ☐ Debtor 1 only		laims or exemptions. Put ed claims on Schedule D: ims Secured by Property.
	Year: 2008 Approximate mileage: 176000 Other information:	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Current value of the entire property?	Current value of the portion you own?
		☐ Check if this is community property (see instructions)	\$1,952.00	\$1,952.00
3.2	Make: Subaru Model: Legacy	Who has an interest in the property? Check one ☐ Debtor 1 only	the amount of any secure	laims or exemptions. Put ed claims on Schedule D: ims Secured by Property.
	Year: 2016 Approximate mileage: 230,000 Other information:	<ul><li>□ Debtor 2 only</li><li>☑ Debtor 1 and Debtor 2 only</li><li>□ At least one of the debtors and another</li></ul>	Current value of the entire property?	Current value of the portion you own?
		☐ Check if this is community property (see instructions)	\$2,520.00	\$2,520.00
pa	ages you have attached for Part 2. Write	wn for all of your entries from Part 2, including a that number here		\$4,472.00
Part Do y	3: Describe Your Personal and Household ou own or have any legal or equitable in			Current value of the portion you own? Do not deduct secured claims or exemptions.
<i>E</i> :	lousehold goods and furnishings xamples: Major appliances, furniture, linens ] No ] Yes. Describe	s, china, kitchenware		
	bed, dressers, n cookware, small	night stands, table, chairs, lamps, couches, dis I kitchen appliances, major kitchen appliances ening tools, lawn furniture, lawnmower, snowk	s, washer	\$2,800.00
<i>E</i> :	clectronics  xamples: Televisions and radios; audio, viding cell phones, cameras, r  No  Yes. Describe	deo, stereo, and digital equipment; computers, print media players, games	ers, scanners; music collect	ions; electronic devices
		s, computer, apple watch		\$550.00
<i>E</i> :	other collections, memorabilia, co	, prints, or other artwork; books, pictures, or other a ollectibles	nt objects; stamp, coin, or ba	aseball card collections;
$\boxtimes$	Yes. Describe books, pictures,	knickknacks		\$70.00

Official Form 106A/B Schedule A/B: Property

page 2

	ebtor 1 ebtor 2	Kenton B. Lo Deborah D. I		Case number (if kno	wn)
9.	Example  No	ent for sports s: Sports, photo musical instr	ographic, exercise, and othe	r hobby equipment; bicycles, pool tables, golf clubs, skis; cand	oes and kayaks; carpentry tools;
10.	Firearn Exampl ⊠ No	ns	es, shotguns, ammunition, ar	nd related equipment	
11.	☐ No ´		lothes, furs, leather coats, de	esigner wear, shoes, accessories	\$275.00
12.	☐ No ·			gagement rings, wedding rings, heirloom jewelry, watches, ger gement ring, various earrings, rings, necklaces,	ns, gold, silver
13.	Exampl ☐ No	rm animals les: Dogs, cats, Describe	birds, horses		\$50.00
14.	⊠ No	her personal a		lid not already list, including any health aids you did not li	ist
15			-	Part 3, including any entries for pages you have attached	\$4,495.00
Pa	rt 4: Des	cribe Your Finar	ncial Assets		
Do	o you ow	n or have any	legal or equitable interest	in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	⊠ No É		have in your wallet, in your l	home, in a safe deposit box, and on hand when you file your p	petition
17.				counts; certificates of deposit; shares in credit unions, brokera tts with the same institution, list each.	age houses, and other similar
				Institution name:	
			17.1. Checking	Truist Bank	\$200.00
18.			s, or publicly traded stocks	s prokerage firms, money market accounts	
	⊠ No		Institution or issue		

Official Form 106A/B Schedule A/B: Property

page 3

	ebtor 1 ebtor 2	Kenton B. Loxley Deborah D. Loxley	Case number (if known)	
19.	•	ublicly traded stock and interests in incorporated and transfer to the stock and interests in incorporated and the stock and interests in incorporated and the stock and interests in incorporated and incor	nd unincorporated businesses, including an interest in an	LLC, partnership,
	☐ Yes.	Give specific information about them  Name of entity:	% of ownership:	
20.	Negotia Non-ne ⊠ No	nment and corporate bonds and other negotiable and other instruments include personal checks, cashiers' che gotiable instruments are those you cannot transfer to so Give specific information about them  Issuer name:	ecks, promissory notes, and money orders.	
21.	<i>Examp</i> ⊠ No		ift savings accounts, or other pension or profit-sharing plans	
	∐ Yes. I	ist each account separately.  Type of account: Ins	stitution name:	
22.	Your sh	ty deposits and prepayments lare of all unused deposits you have made so that you les: Agreements with landlords, prepaid rent, public utili	may continue service or use from a company ities (electric, gas, water), telecommunications companies, or o	thers
	=	Ins	stitution name or individual:	
23.	⊠ No	ies (A contract for a periodic payment of money to you  Issuer name and description.	, either for life or for a number of years)	
		c. §§ 530(b)(1), 529A(b), and 529(b)(1).	ABLE program, or under a qualified state tuition program.  tely file the records of any interests.11 U.S.C. § 521(c):	
	⊠ No	equitable or future interests in property (other that	n anything listed in line 1), and rights or powers exercisabl	e for your benefit
	<i>Examp</i> ☑ No	s, copyrights, trademarks, trade secrets, and other les: Internet domain names, websites, proceeds from ro		
	_	Give specific information about them		
	<i>Examp</i> ☑ No	es, franchises, and other general intangibles les: Building permits, exclusive licenses, cooperative as Give specific information about them	ssociation holdings, liquor licenses, professional licenses	
M	oney or p	property owed to you?	<b>po</b> i Do	rrent value of the rtion you own? not deduct secured ims or exemptions.
	⊠ No	funds owed to you  Give specific information about them, including whether	you already filed the returns and the tax years	
29.	Examp. ⊠ No	support les: Past due or lump sum alimony, spousal support, ch Give specific information	nild support, maintenance, divorce settlement, property settleme	ent
	<i>Examp</i> . ⊠ No	amounts someone owes you les: Unpaid wages, disability insurance payments, disal benefits; unpaid loans you made to someone else Give specific information	bility benefits, sick pay, vacation pay, workers' compensation,	Social Security

Official Form 106A/B Schedule A/B: Property page 4

Case 1:24-bk-02928-HWV

Desc

Debi	tor 1 Kenton B. Loxley tor 2 Deborah D. Loxley	Case number (if known)	
_	Interests in insurance policies  Examples: Health, disability, or life insurance; health savings account (HSA);  No	credit, homeowner's, or renter's insura	nce
	Yes. Name the insurance company of each policy and list its value.  Company name:	Beneficiary:	Surrender or refund value:
	Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance someone has died.  No Yes. Give specific information	ce policy, or are currently entitled to rec	eive property because
$\boxtimes$	Claims against third parties, whether or not you have filed a lawsuit or r  Examples: Accidents, employment disputes, insurance claims, or rights to sue  No Yes. Describe each claim		
$\geq$	Other contingent and unliquidated claims of every nature, including could No No Yes. Describe each claim	unterclaims of the debtor and rights	to set off claims
$\geq$	Any financial assets you did not already list  No Yes. Give specific information		
36.	Add the dollar value of all of your entries from Part 4, including any ent for Part 4. Write that number here		\$200.00
Part	5: Describe Any Business-Related Property You Own or Have an Interest In. List	any real estate in Part 1.	
$\boxtimes$	Do you own or have any legal or equitable interest in any business-related propert. No. Go to Part 6.  Yes. Go to line 38.	y?	
Part	6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Ha If you own or have an interest in farmland, list it in Part 1.	ve an Interest In.	
	Do you own or have any legal or equitable interest in any farm- or comn ⊠ No. Go to Part 7.  ☐ Yes. Go to line 47.	nercial fishing-related property?	
Part	7: Describe All Property You Own or Have an Interest in That You Did Not Li	ist Above	
$\boxtimes$	Do you have other property of any kind you did not already list?  Examples: Season tickets, country club membership  No Yes. Give specific information		
	- -		
54.	Add the dollar value of all of your entries from Part 7. Write that numbe	r nere	\$0.00

Official Form 106A/B Schedule A/B: Property page 5

Part	8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$348,600.00
56.	Part 2: Total vehicles, line 5	\$4,472.00		
57.	Part 3: Total personal and household items, line 15	\$4,495.00		
58.	Part 4: Total financial assets, line 36	\$200.00		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54	+\$0.00		
62.	Total personal property. Add lines 56 through 61	\$9,167.00	Copy personal property total	\$9,167.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62		_	\$357,767.00

Fill in this infor	mation to identify yo	our case:		
Debtor 1	Kenton B. Loxle	Middle Name	Last Name	
Debtor 2	Deborah D. Lox		Last Name	
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the	e: MIDDLE DISTRICT OF I	PENNSYLVANIA	
Case number (if known)				☐ Check if this is an amended filing

### Official Form 106C

# Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify	y the Property	y You Claim as Exempt	<u>t</u>

	You are claiming state and federal nonbankruptcy exemptions.  11 U.S.C. § 522(b)(2)			11 U.S.C. § 522(b)(3)				
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.							
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from Schedule A/B	ortion you own  opy the value from Check only one box for each exemption.		Specific laws that allow exemption			
	6687 South Rd., Seven Valleys, PA 17360 York County Line from <i>Schedule A/B</i> : 1.1	\$348,600.00		\$192,647.00 100% of fair market value, up to any applicable statutory limit	11 USC § 522(b)(3)(B)			
	2008 Honda Accord V6 176000 miles Line from <i>Schedule A/B</i> : 3.1	\$1,952.00		\$1,952.00 100% of fair market value, up to any applicable statutory limit	11 USC § 522(b)(3)(B)			
	2016 Subaru Legacy 230,000 miles Line from <i>Schedule A/B</i> : 3.2	\$2,520.00		\$2,520.00 100% of fair market value, up to any applicable statutory limit	11 USC § 522(b)(3)(B)			
	bed, dressers, night stands, table, chairs, lamps, couches, dishware, cookware, small kitchen appliances, major kitchen appliances, washer and dryer, gardening tools, lawn furniture, lawnmower, snowblower Line from <i>Schedule A/B</i> : 6.1	\$2,800.00		\$2,800.00  100% of fair market value, up to any applicable statutory limit	11 USC § 522(b)(3)(B)			
	TV's, cellphones, computer, apple watch Line from <i>Schedule A/B</i> : 7.1	\$550.00		\$550.00 100% of fair market value, up to any applicable statutory limit	11 USC § 522(b)(3)(B)			

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

Kenton B. Loxley Debtor 1 Deborah D. Loxley Debtor 2 Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B books, pictures, knickknacks 11 USC § 522(b)(3)(B) \$70.00 \$70.00  $\boxtimes$ Line from Schedule A/B: 8.1 100% of fair market value, up to any applicable statutory limit clothing, shoes, belts 42 Pa.C.S. § 8124(a)(1) \$275.00 \$275.00  $\boxtimes$ Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit wedding bands, engagement ring, 11 USC § 522(b)(3)(B) \$750.00 \$750.00  $\boxtimes$ various earrings, rings, necklaces, 100% of fair market value, up to bracelets, watch any applicable statutory limit Line from Schedule A/B: 12.1 1 dog 11 USC § 522(b)(3)(B) \$50.00  $\boxtimes$ Line from Schedule A/B: 13.1 100% of fair market value, up to any applicable statutory limit Truist Bank 11 USC § 522(b)(3)(B) \$200.00 \$200.00  $\boxtimes$ Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$189,050? (Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Official	Form	106C

 $\boxtimes$ 

 $\boxtimes$ 

No

Yes

Fill in this infor	mation to identify you	r case:				
Debtor 1	Kenton B. Loxley	,				
Bostor 1	First Name	Middle Name	Last Name			
Debtor 2	Deborah D. Loxle	•	L t N			
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ba	ankruptcy Court for the:	MIDDLE DISTRICT OF PENNS	SYLVANIA	_		
Case number						
(if known)					☐ Check	if this is an
					amend	led filing
Official Forr	m 106D					
•		Who Have Claims	Secured	by Property	v	12/15
<u> </u>	D. Orealtors	Wild Have Glaims	<del>occureu</del>	by Flopeit	<u>y                                    </u>	12/13
		f two married people are filing togeth , number the entries, and attach it to				
known).	Additional Page, illi it out	, number the enthes, and attach it to	uns ionii. On ui	e top of any additional	pages, write your frame	and case number (i
1. Do any creditors	s have claims secured by	your property?				
_		nis form to the court with your other	r schedules. Yo	ou have nothing else t	o report on this form.	
	n all of the information b	pelow.				
Part 1: List A	II Secured Claims			Column A	Column B	Column C
		nore than one secured claim, list the cre s a particular claim, list the other credito		Amount of claim	Value of collateral	Unsecured
		cal order according to the creditor's name		Do not deduct the value of collateral.	that supports this	portion If any
2.1 M & T Bai	nk	Describe the property that secures		\$155,953.00	\$348,600.00	\$0.00
Creditor's Nam	ne	6687 South Rd., Seven Valley	/s, PA			
		17360 York County				
PO Box 9	00	As of the date you file, the claim is:	Check all that			
	DE 19966-0900	apply. ☐ Contingent				
	t, City, State & Zip Code	☐ Unliquidated				
Who owes the de	aht? Check one	☐ Disputed  Nature of lien. Check all that apply.				
☐ Debtor 1 only	ebt: offect offe.	An agreement you made (such as	mortgage or secu	ıred		
Debtor 2 only		car loan)	5 5			
Debtor 1 and D     At least one of t	ebtor 2 only the debtors and another	☐ Statutory lien (such as tax lien, med ☐ Judgment lien from a lawsuit	cnanic's lien)			
☐ Check if this c	laim relates to a	Other (including a right to offset)				
community de	ebt					
Date debt was inc	curred 2018-03	Last 4 digits of account num	ber <u>6272</u>			
	=	olumn A on this page. Write that num		\$155,95	3.00	
Write that numb		the dollar value totals from all pages.		\$155,95	3.00	
				<u> </u>	<u></u>	
Part 2: List Ot	hers to Be Notified for	r a Debt That You Already Listed				
trying to collect fr than one creditor	rom you for a debt you ov	e notified about your bankruptcy for a we to someone else, list the creditor i you listed in Part 1, list the additiona is page.	in Part 1, and the	en list the collection ag	ency here. Similarly, if	ou have more
[]						
Name, Nu	mber, Street, City, State &	Zip Code	On which	h line in Part 1 did you e	nter the creditor? 2.1	
M & T B	sank Inkruptcy		l act 1 di	gits of account number		
PO Box			Last 4 UI	gits of account number _	_	
_	NY 14240-0844					

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 1

Fill in th	is information to identify your cas	se:			
Debtor 1	Kenton B. Loxley				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if,		Middle Name	Last Name		
(Spouse II,	illing) I list Name	Wildule Name	Last Name		
United S	tates Bankruptcy Court for the: <u>N</u>	MIDDLE DISTRICT OF F	PENNSYLVANIA		
Case nu (if known)	mber				Check if this is an
					amended filing
	l Form 106E/F Iule E/F: Creditors Who	o Have Unsecu	red Claims		12/15
any execu Schedule Schedule left. Attacl	tory contracts or unexpired leases that G: Executory Contracts and Unexpired	it could result in a claim. I Leases (Official Form 10 I by Property. If more sp	Also list executory 16G). Do not include ace is needed, copy	contracts on Schedule A/B: any creditors with partially s the Part you need, fill it out, r	number the entries in the boxes on the
Part 1:	List All of Your PRIORITY Unse	cured Claims			
	ny creditors have priority unsecured c	laims against you?			
⊠ No □ Ye	o. Go to Part 2. es.				
Dowt 2:	List All of Vour NONDBIODITY I	Incorred Claims			
Part 2:	List All of Your NONPRIORITY L				
	ny creditors have nonpriority unsecure	• •		4.4	
	o. You have nothing to report in this part.	Submit this form to the cou	rt with your other sche	dules.	
⊠ Ye	es.				
unsed	all of your nonpriority unsecured claim cured claim, list the creditor separately for one creditor holds a particular claim, list the	r each claim. For each clair	n listed, identify what t	ype of claim it is. Do not list cla	
					Total claim
	Account Resolution Corporation	Last 4 digits	of account number	3428	\$45.00
	Nonpriority Creditor's Name				
	Chesterfield, MO 63006-3860	When was th	e debt incurred?		
_	Number Street City State Zip Code	As of the dat	e you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.		.,	117	
_	☐ Debtor 1 only	☐ Contingen	t		
	☐ Debtor 2 only	☐ Unliquidat			
[	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
[	☐ At least one of the debtors and anothe	Type of NON	PRIORITY unsecured	d claim:	
_	Check if this claim is for a commu	•			
	debt			ration agreement or divorce that	at you did not
	s the claim subject to offset? ☑ No	report as prio	•	g plans, and other similar debts	
_			ecify Medical	y pians, and other similar dept	,
	☐ Yes	ixi Other, Spe	city ivi <del>c</del> ulcal		

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 18

Debto Debto	r 1 Kenton B. Loxley r 2 Deborah D. Loxley		Case number (if known)	
4.2	Advanced Surgery Center of Lancaster Nonpriority Creditor's Name	_ Last 4 digits of account number	3318	\$75.00
	160 N. Pointe Blvd. Ste 105 Lancaster, PA 17601-4134	When was the debt incurred?		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	□ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt	Student loans		
	Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	⊠ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	☑ Other. Specify Medical		
4.3	Amex	Last 4 digits of account number	9293	\$3,557.00
	Nonpriority Creditor's Name			
	PO Box 981537	When was the debt incurred?	2021-12	
	El Paso, TX 79998-1537	- As a fall of the state of the		
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	По ::		
	☐ Debtor 1 only	☐ Contingent		
	<ul><li>☑ Debtor 2 only</li><li>☐ Debtor 1 and Debtor 2 only</li></ul>	☐ Unliquidated ☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans	a ciami.	
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	,	
	⊠ No	☐ Debts to pension or profit-sharing plans, and other similar debts		
	Yes	☐ Other. Specify Revolving a	ccount	
4.4	Amex	Last 4 digits of account number	6693	\$3,557.00
	Nonpriority Creditor's Name PO Box 981537	When was the debt incurred?	2021-12	
	El Paso, TX 79998-1537	Wilen was the dept incurred?		
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	☑ Debtor 1 only	☐ Contingent		
	Debtor 2 only	Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt	Student loans		
	Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	⊠ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	☑ Other. Specify Revolving a		
	<u> </u>		•	

	1 Kenton B. Loxley 2 Deborah D. Loxley		Case number (if known)	
4.5	Amex	Last 4 digits of account number	6427	\$152.00
	Nonpriority Creditor's Name PO Box 6789	When was the debt incurred?	2006-12	-
	Sioux Falls, SD 57117-6789  Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.  □ Debtor 1 only  ☑ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ☑ No □ Yes	☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharin ☐ Other. Specify Revolving a	ration agreement or divorce that you did not g plans, and other similar debts	
				•
4.6	Aspen Dental Nonpriority Creditor's Name PO Box 3126 Syracuse, NY 13220-3126	Last 4 digits of account number  When was the debt incurred?	7097	\$145.00
•	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	<ul> <li>☑ Debtor 1 only</li> <li>☐ Debtor 2 only</li> <li>☐ Debtor 1 and Debtor 2 only</li> <li>☐ At least one of the debtors and another</li> <li>☐ Check if this claim is for a community debt</li> <li>Is the claim subject to offset?</li> <li>☑ No</li> </ul>	report as priority claims	ration agreement or divorce that you did not	
	□ Yes	☐ Debts to pension or profit-sharin ☐ Other. Specify Medical	g plans, and other similar depts	
4.7	Bank of America Nonpriority Creditor's Name	Last 4 digits of account number	3394	\$9,542.00
	PO Box 982238 El Paso, TX 79998-2238	When was the debt incurred?	2008-12	-
•	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	☐ Debtor 1 only ☐ Debtor 2 only ☑ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	☑ No □ Yes	☐ Debts to pension or profit-sharin ☐ Other. Specify Revolving a		_

	1 Kenton B. Loxley 2 Deborah D. Loxley		Case number (if known)	
4.8	Bank of America	Last 4 digits of account number	1552	\$6,986.00
	Nonpriority Creditor's Name PO Box 982238	When was the debt incurred?	2014-10	
	El Paso, TX 79998-2238 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.  □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No	☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharin ☐ Other. Specify Revolving a	ration agreement or divorce that you did not g plans, and other similar debts	
4.9	Bank of America	Last 4 digits of account number	5692	\$5,538.00
	Nonpriority Creditor's Name PO Box 982238 El Paso, TX 79998-2238	When was the debt incurred?	2020-02	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes	☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharin ☐ Other. Specify Revolving a	ration agreement or divorce that you did not g plans, and other similar debts	
4.1	Best Egg Nonpriority Creditor's Name	Last 4 digits of account number	6908	\$1,527.00
	PO Box 42912 Philadelphia, PA 19101-2912	When was the debt incurred?	2023-08	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes	☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharin ☐ Other. Specify Revolving a	ration agreement or divorce that you did not g plans, and other similar debts	

	r 1 Kenton B. Loxley r 2 Deborah D. Loxley		Case number (if known)	
4.1 1	Best Egg	_ Last 4 digits of account number	6978	\$1,078.00
	Nonpriority Creditor's Name PO Box 42912	When was the debt incurred?	2022-10	
	Philadelphia, PA 19101-2912	_		
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	По и		
	☑ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans		
	Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	⊠ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes		• •	
	□ res	☑ Other: Specify	occurr.	
4.1	Capital One	Look A digita of account number	1615	\$12,527.00
2	Nonpriority Creditor's Name	_ Last 4 digits of account number	1013	Ψ12,021.00
	PO Box 31293	When was the debt incurred?	2016-04	
	Salt Lake City, UT 84131-0293	when was the dest incurred:	2010 01	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	,	117	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	_	ration agreement or divorce that you did not	
	⊠ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	— □ Yes	☐ Other. Specify Revolving a	••	
		Zi Other. Opecity		
4.1	Citibank	Look 4 digita of account number	8085	\$5,596.00
3	Nonpriority Creditor's Name	_ Last 4 digits of account number		Ψ0,000.00
	PO Box 6217	When was the debt incurred?	2019-11	
	Sioux Falls. SD 57117-6217	Thin was the about mounted.		
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	•	•••	
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	•	
	⊠ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	⊠ Other. Specify Revolving a	ccount	

ebtor 1 Kento ebtor 2 Debor			Case number (if known)	
1 Citibank		Last 4 digits of account number	8511	\$3,244.00
	Creditor's Name	_		
PO Box		When was the debt incurred?	2020-02	
	alls, SD 57117-6217	_		
	reet City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	rred the debt? Check one.	_		
□ Debtor	•	Contingent		
☐ Debtor	-	Unliquidated		
	1 and Debtor 2 only	Disputed		
=	one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	if this claim is for a community	Student loans		
debt	m cubicat to offeet?		ration agreement or divorce that you did not	
	m subject to offset?	report as priority claims	a plane, and other similar debte	
⊠ No		☐ Debts to pension or profit-sharin	• •	
☐ Yes		☑ Other. Specify Revolving a	ccount	
1 Citibank	/Best Buy	Last 4 digits of account number	0732	\$2,066.00
	Creditor's Name	_ Last 4 digits of account number		Ψ2,000.00
PO Box		When was the debt incurred?	2020-12	
_	alls, SD 57117-6497	When was the dest meaned.		
	treet City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	rred the debt? Check one.	• ,	11.5	
☐ Debtor		☐ Contingent		
☐ Debtor	•	☐ Unliquidated		
	1 and Debtor 2 only	☐ Disputed		
	one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	if this claim is for a community	☐ Student loans		
debt		<del>_</del>	ration agreement or divorce that you did not	
Is the clai	m subject to offset?	report as priority claims	,	
⊠ No		Debts to pension or profit-sharin	g plans, and other similar debts	
☐ Yes		☑ Other. Specify Revolving a	ccount	
1 Citizens		_ Last 4 digits of account number	6606	\$8,720.00
	Creditor's Name		0000 00	
6 Corpo		When was the debt incurred?	2020-03	
	CT 06484-6270	- Assistant and the state of th		
	treet City State Zip Code	As of the date you file, the claim	is: Check all that apply	
_	rred the debt? Check one.	По п		
☐ Debtor	-	☐ Contingent		
☑ Debtor	-	☐ Unliquidated		
	1 and Debtor 2 only	☐ Disputed	d alaim.	
	one of the debtors and another	Type of NONPRIORITY unsecured	u Ciaiiii.	
□ Cneck debt	if this claim is for a community	☐ Student loans	ration agreement or divorce that you did not	
	m subject to offset?	report as priority claims	ration agreement or divorce that you did not	
⊠ No		☐ Debts to pension or profit-sharin	g plans, and other similar debts	
		☐ Debte to period of profit original	<b>-</b> 1	
☐ Yes		□ Other. Specify Revolving a	CCOUNT	

Debte	or 1 Kenton B. Loxley or 2 Deborah D. Loxley		Case number (if known)	
4.1 7	Comenity Bk/Ulta	Last 4 digits of account number	1627	\$117.00
	Nonpriority Creditor's Name PO Box 182120	When was the debt incurred?	2017-02-20	
	Columbus, OH 43218-2120		0 1 11 11 1	
	Number Street City State Zip Code	As of the date you file, the claim is	s: Cneck all that apply	
	Who incurred the debt? Check one.	Contingent		
	☐ Debtor 1 only	<ul><li>☐ Contingent</li><li>☐ Unliquidated</li></ul>		
	□ Debtor 2 only     □ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
	☐ Check if this claim is for a community	Student loans	Ciaiii.	
	debt		ation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	ation agreement of alvoroce that you did not	
	⊠ No	☐ Debts to pension or profit-sharing	plans, and other similar debts	
	☐ Yes	☑ Other Specify Revolving at	count	
		Zi outon oposity <u>recoming an</u>		
4.1 8	ComenityCapital/Boscov	Last 4 digits of account number	1867	\$4,349.00
0	Nonpriority Creditor's Name	_ Last 4 digits of account number	1007	Ψ+,υ+σ.υυ
	PO Box 182120	When was the debt incurred?	2006-12-21	
	Columbus, OH 43218-2120	mon was the asst meaned.		
	Number Street City State Zip Code	As of the date you file, the claim is	: Check all that apply	
	Who incurred the debt? Check one.	•		
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a separ	ation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	⊠ No	☐ Debts to pension or profit-sharing	•	
	Yes	☑ Other. Specify Revolving ac	count	
4.1				
9	Commercial Acceptance Company	Last 4 digits of account number	8287	\$1,475.58
	Nonpriority Creditor's Name			
	Attn. Bankruptcy	When was the debt incurred?		
	23300 Gettysburg Rd. Ste. 102			
	Camp Hill, PA 17011	_		
	Number Street City State Zip Code	As of the date you file, the claim is	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☑ Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
	☐ Check if this claim is for a community debt	☐ Student loans		
			ation agreement or divorce that you did not	
	Is the claim subject to offset? ⊠ No	report as priority claims  ☐ Debts to pension or profit-sharing	plans, and other similar debts	
			pians, and other similar debts	
	☐ Yes	☑ Other. Specify Medical		

Debtor 1 Kenton B. Loxley Debtor 2 Deborah D. Loxley		Case number (if known)	
Credit One Bank	Last 4 digits of account number	6469	\$1,954.00
Nonpriority Creditor's Name PO Box 98872	When was the debt incurred?	2023-08	
Las Vegas, NV 89193-8872			
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	_		
Debtor 1 only	Contingent		
Debtor 2 only	Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a communit			
debt Is the claim subject to offset?	☐ Obligations arising out of a separe report as priority claims	aration agreement or divorce that you did not	
⊠ No	☐ Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Revolving a	account	
.2			
David J Bene MD	Last 4 digits of account number	4113	\$170.00
Nonpriority Creditor's Name			
400 Pine Grove Commons	When was the debt incurred?		
York, PA 17403-5161		in the selection of the	
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	D 0		
Debtor 1 only	☐ Contingent		
☑ Debtor 2 only	Unliquidated		
Debtor 1 and Debtor 2 only	Disputed	d alaim.	
At least one of the debtors and another	Type of NONPRIORITY unsecure v □ Student loans	u Claiii.	
Check if this claim is for a communit debt	, <u> </u>	aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	tration agreement or divorce that you did not	
⊠ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
☐ Yes	☑ Other. Specify Medical		
Discover Financial	Last 4 digits of account number	9425	\$2,840.00
Nonpriority Creditor's Name PO Box 30939		2020.02	
Salt Lake City, UT 84130-0939	When was the debt incurred?	2020-02	
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	As of the date you me, the claim	is. Offect all that apply	
Debtor 1 only	☐ Contingent		
☐ Debtor 1 only ☐ Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
Check if this claim is for a communit	<u></u> :		
debt	<del>-</del>	aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	3	
⊠ No	☐ Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes		account	

Debto	r 1 Kenton B. Loxley r 2 Deborah D. Loxley	Case number (if known)	
4.2	JP RMP Nonpriority Creditor's Name PO Box 16749	Last 4 digits of account number 6159  When was the debt incurred?	\$145.00
	Rocky River, OH 44116-0749  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	_
	<ul><li>☑ Debtor 1 only</li><li>☐ Debtor 2 only</li><li>☐ Debtor 1 and Debtor 2 only</li></ul>	☐ Contingent ☐ Unliquidated ☐ Disputed	
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?	Type of NONPRIORITY unsecured claim:  ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	⊠ No □ Yes	☐ Debts to pension or profit-sharing plans, and other similar debts  ☑ Other. Specify Medical	_
4.2 4	Jpmcb Nonpriority Creditor's Name	Last 4 digits of account number 0392	\$3,625.00
	PO Box 15369 Wilmington, DE 19850-5369	When was the debt incurred? 2003-11	_
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only ☐ Debtor 2 only ☑ Debtor 1 and Debtor 2 only	☐ Contingent ☐ Unliquidated ☐ Disputed	
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?	Type of NONPRIORITY unsecured claim:  ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	⊠ No □ Yes	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Revolving account	_
4.2 5	Jpmcb Nonpriority Creditor's Name	Last 4 digits of account number	\$477.00
	PO Box 15369 Wilmington, DE 19850-5369	When was the debt incurred? 2018-11	_
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	⊠ No □ Yes	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Revolving account	

	Kenton B. Loxley Deborah D. Loxley		Case number (if known)	
4.2 6	Kohl's	Last 4 digits of account number	1078	\$60.00
	Nonpriority Creditor's Name PO Box 3115 Milwaykoo WI 53204 2115	When was the debt incurred?	2006-11	
	Milwaukee, WI 53201-3115  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only Debtor 2 only	☐ Contingent ☐ Unliquidated		
	☑ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	⊠ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	☑ Other. Specify Revolving a	ccount	
4.2				
4.2 7	M & T Bank Nonpriority Creditor's Name	Last 4 digits of account number	3317	\$8,481.00
	PO Box 900 Millsboro, DE 19966-0900	When was the debt incurred?	2013-08	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim	S. Oncok an that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☑ Debtor 2 only ☑ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans	a ciaiii.	
	debt Is the claim subject to offset?	<del>-</del>	ration agreement or divorce that you did not	
	⊠ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	☑ Other. Specify Revolving a	• •	
	res	☑ Other. Specify	oodan	
4.2 8	Members 1st Fcu	Last 4 digits of account number	6760	\$4,968.00
0	Nonpriority Creditor's Name	_ Lust 4 digits of decodift fidiliber	<u> </u>	ψ .,σσσ.σσ
	5000 Louise Dr	When was the debt incurred?	2020-04	
	Mechanicsburg, PA 17055-4899			
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	□ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	⊠ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	

☐ Yes

☑ Other. Specify Revolving account

Debto Debto	or 1 Kenton B. Loxley or 2 Deborah D. Loxley		Case number (if known)		
l.2	OSS Health	_ Last 4 digits of account number		Unknowr	
	Nonpriority Creditor's Name Attn: Bankruptcy	When was the debt incurred?			
	PO Box 12854 Philadelphia, PA 19176-0854				
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.	<b>,</b>			
	☐ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	□ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt		ration agreement or divorce that you did not		
	Is the claim subject to offset?  ☑ No	report as priority claims  ☐ Debts to pension or profit-sharin	a plane, and other similar debts		
	<del>-</del>		g plans, and other similar debts		
	Yes	☑ Other. Specify Medical			
.3	0 1/0 0 17		7070	<b>#</b> 40.04 <b>7</b> .04	
	Syncb/Care Credit	_ Last 4 digits of account number	<u>7670</u>	\$10,917.00	
	Nonpriority Creditor's Name PO Box 71757	NAME on the state of the state of the same of the state o	2013-09		
	Philadelphia, PA 19176	When was the debt incurred?	2010-09		
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.		117		
	☐ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt		ration agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims			
	⊠ No —	☐ Debts to pension or profit-sharin			
	Yes	☑ Other. Specify Revolving a	ccount		
.3	Oraș de marra Daniel Oraș Oraș dit		0040	<b>\$5.054.0</b> 6	
	Synchrony Bank/Care Credit  Nonpriority Creditor's Name	_ Last 4 digits of account number	0046	\$5,954.00	
	PO Box 71757	When was the debt incurred?	2014-04		
	Philadelphia, PA 19176	When was the debt incurred?	2014-04		
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.	• ,	,		
	☑ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	Disputed			
	☐ At least one of the debtors and another	debtors and another Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community	☐ Student loans			
	debt		ration agreement or divorce that you did not		
	Is the claim subject to offset? ☑ No	report as priority claims	a plane, and other similar debts		
		☐ Debts to pension or profit-sharin			
	□ Yes	□ Other, Specify Revolving a	ICCOUNT		

	or 1 Kenton B. Loxley or 2 Deborah D. Loxley		Case number (if known)	
4.3 2	Synchrony Bank/Lowes	_ Last 4 digits of account number	4672	\$4,724.00
	Nonpriority Creditor's Name PO Box 71727 Philadelphia, PA 19176	When was the debt incurred?	2015-06	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim	is. Officer all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 1 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	Check if this claim is for a community	☐ Student loans	u ciaiii.	
	debt Is the claim subject to offset?		ration agreement or divorce that you did not	
	⊠ No	☐ Debts to pension or profit-sharin	a plane, and other similar debts	
			• •	
	Yes	☑ Other. Specify Revolving a	ccount	
4.3 3	Synchrony Bank/Lowes	Last 4 digits of account number	4934	\$1,186.00
3	Nonpriority Creditor's Name	_ Last 4 digits of account number		ψ1,100.00
	PO Box 71727	When was the debt incurred?	2019-04	
	Philadelphia, PA 19176	When was the dest meaned.		
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	• ,	,	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	<del>_</del>	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	,	
	⊠ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	☑ Other. Specify Revolving a	ccount	
4.3				
4	Target	_ Last 4 digits of account number	6428	\$5,898.00
	Nonpriority Creditor's Name		0045.05	
	PO Box 673	When was the debt incurred?	2015-05	
	Minneapolis, MN 55440-0673			
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	☑ Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed	A state.	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	a ciaim:	
	☐ Check if this claim is for a community debt	☐ Student loans		
	Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	⊠ No	☐ Debts to pension or profit-sharin	a plans, and other similar debts	
	☐ Yes	⊠ Other. Specify Revolving a             ■	CCCUIII	

ebtor 1 Kenton B. Loxley ebtor 2 Deborah D. Loxley		Case number (if known)	
Td Bank, N.A.	Last 4 digits of account number	8950	\$12,193.00
Nonpriority Creditor's Name		0040.04	
Greenville, SC 29607	When was the debt incurred?	2019-04	
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	7 to 01 till date you me, allo 0 tilling	or onesit an area appriy	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
Check if this claim is for a community	Student loans	a diami.	
debt	<del>-</del>	ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	ration agreement of averse that you did not	
⊠ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
☐ Yes	☑ Other Specify Revolving a	ccount	
	Zi other, opeany <u>recoording a</u>		
UPMC in Central PA	Last 4 digits of account number	4719	\$35.00
Nonpriority Creditor's Name	Last 4 digits of account number		Ψ00.00
PO Box 2353	When was the debt incurred?		
Harrisburg, PA 17105-2353			
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
☐ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt	☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	,	
⊠ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
☐ Yes	☑ Other. Specify Medical		
3			
Wells Fargo Bank NA	Last 4 digits of account number	_8919	\$8,033.00
Nonpriority Creditor's Name	_		
PO Box 393	When was the debt incurred?	2016-04	
Minneapolis, MN 55480-0393	_		
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
☐ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
□ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt		ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
⊠ No	☐ Debts to pension or profit-sharin		
Yes		ccount	

	Kenton B. Loxley  Deborah D. Loxley	Case number (if known)	
4.3	Mallanan Haalth	0240	¢125.00
	Wellspan Health  Nonpriority Creditor's Name	Last 4 digits of account number 0240	\$125.00
	PO Box 15119	When was the debt incurred?	
_	York, PA 17405		
1	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
_	Who incurred the debt? Check one.		
_	Debtor 1 only	Contingent	
	Debtor 2 only	☐ Unliquidated	
	☑ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed	
	☐ Check if this claim is for a community	Type of NONPRIORITY unsecured claim:  ☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
I	s the claim subject to offset?	report as priority claims	
	⊠ No	$\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts	
I	Yes	☑ Other. Specify Medical	
4.3	Wellspan Health	Last 4 digits of account number 0776	\$508.06
	Nonpriority Creditor's Name	Last 4 digits of account number 0776	ψ500.00
	PO Box 15119	When was the debt incurred?	
`	York, PA 17405		
1	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
1	Who incurred the debt? Check one.		
_	Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
_	☑ Debtor 1 and Debtor 2 only ☑ At least one of the debtors and another	☐ Disputed  Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
I	s the claim subject to offset?	report as priority claims	
[	⊠ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
[	Yes	☑ Other. Specify Medical	
Part 3:	List Others to Be Notified About a D	eht That You Already Listed	
5. Use this is trying have m	s page only if you have others to be notified g to collect from you for a debt you owe to s	about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example to meone else, list the original creditor in Parts 1 or 2, then list the collection agency that you listed in Parts 1 or 2, list the additional creditors here. If you do not have add	here. Similarly, if you
Name and	•	On which entry in Part 1 or Part 2 did you list the original creditor?	
Amex	27 (dai 000	Line 4.3 of (Check one):   Part 1: Creditors with Priority Unsecured Clair	
Corresp	oondence/Bankruptcy	☐ Part 2: Creditors with Nonpriority Unsecured 0	Claims
PO Box	981535		
El Paso	, TX 79998-1535		
		Last 4 digits of account number	
Name and	d Address	On which entry in Part 1 or Part 2 did you list the original creditor?	
Amex		Line <u>4.4</u> of ( <i>Check one</i> ): ☐ Part 1: Creditors with Priority Unsecured Clair ☐ Part 2: Creditors with Nonpriority Unsecured C	
	ondence/Bankruptcy	☑ Part 2. Creditors with Nonphority Onsecured to	Jiaims
	981535		
El Paso	, TX 79998-1535	Lost 4 digits of account number	
		Last 4 digits of account number	
Name and	d Address	On which entry in Part 1 or Part 2 did you list the original creditor?	
Amex		Line 4.5 of (Check one):  ☐ Part 1: Creditors with Priority Unsecured Clair ☐ Part 2: Creditors with Nonpriority Unsecured C	
	oondence/Bankruptcy	ZS Fait 2. Oreditors with Nonphority offsecured to	Jiaiilis
	981540 TX 70000 4540		
El Paso	, TX 79998-1540	Last 4 digits of account number	
Name and		On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.7 of (Check one)  Part 1: Creditors with Priority Unsecured Clair	ne
	America	Line <u>4.7</u> of ( <i>Check one</i> ): ☐ Part 1: Creditors with Priority Unsecured Clair ☐ Part 2: Creditors with Nonpriority Unsecured Clair	
	ankruptcy avarese Cir		
	FL 33634-2413		
pu,		Last 4 digits of account number	

Schedule E/F: Creditors Who Have Unsecured Claims

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Debtor 1 Kenton B. Loxley Debtor 2 Deborah D. Loxley	Case number (if known)
Name and Address Bank of America Attn: Bankruptcy 4909 Savarese Cir Tampa, FL 33634-2413	On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.8 of (Check one):   Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims
Tampa, 1 2 3000 1 2 1 10	Last 4 digits of account number
Name and Address Bank of America Attn: Bankruptcy 4909 Savarese Cir Tampa, FL 33634-2413	On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.9 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number
Name and Address Best Egg Attn: Bankruptcy PO Box 42912 Philadelphia, PA 19101-2912	On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.10 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims
1 magaipma, 1 / 10 10 1 20 12	Last 4 digits of account number
Name and Address Best Egg Attn: Bankruptcy PO Box 42912 Philadelphia PA 10101 2012	On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.11 of (Check one):   Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims
Philadelphia, PA 19101-2912	Last 4 digits of account number
Name and Address Capital One Attn: Bankruptcy PO Box 30285	On which entry in Part 1 or Part 2 did you list the original creditor?  Line <u>4.12</u> of ( <i>Check one</i> ): ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
Salt Lake City, UT 84130-0285	Last 4 digits of account number
Name and Address Citibank Citicorp Cr Srvs/Centralized Bankruptcy PO Box 790040 Saint Louis, MO 63179-0040	On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.13 of (Check one): Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number
Name and Address Citibank Citicorp Cr Srvs/Centralized Bankruptcy PO Box 790040 Saint Louis, MO 63179-0040	On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.14 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number
Name and Address Citibank/Best Buy Citicorp Cr Srvs/Centralized Bankruptcy PO Box 790040 Saint Louis, MO 63179-0040	On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.15 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number
Name and Address Citizens Bank Attn: Bankruptcy 1 Citizens Plz Providence, RI 02903-1344	On which entry in Part 1 or Part 2 did you list the original creditor?  Line <u>4.16</u> of ( <i>Check one</i> ): ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?

Schedule E/F: Creditors Who Have Unsecured Claims

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Debtor 1 Kenton B. Loxley Debtor 2 Deborah D. Loxley		Case number (if known)
Comenity Bk/Ulta Attn: Bankruptcy PO Box 182125 Columbus, OH 43218-2125	Line <u>4.17</u> of ( <i>Check one</i> ):	☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address ComenityCapital/Boscov Attn: Bankruptcy Dept PO Box 182125 Columbus, OH 43218-2125	On which entry in Part 1 or Part 2 di Line <u>4.18</u> of ( <i>Check one</i> ):	d you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☑ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address Credit One Bank Attn: Bankruptcy Department 6801 S Cimarron Rd Las Vegas, NV 89113-2273	On which entry in Part 1 or Part 2 di Line <u>4.20</u> of ( <i>Check one</i> ):	d you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☑ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address Discover Financial Attn: Bankruptcy PO Box 3025 New Albany, OH 43054-3025	On which entry in Part 1 or Part 2 di Line <u>4.22</u> of ( <i>Check one</i> ):	d you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☑ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address Jpmcb MailCode LA4-7100 700 Kansas Ln Monroe, LA 71203-4774	On which entry in Part 1 or Part 2 di Line <u>4.24</u> of ( <i>Check one</i> ):	d you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address Jpmcb MailCode LA4-7100 700 Kansas Ln Monroe, LA 71203-4774	On which entry in Part 1 or Part 2 di Line <u>4.25</u> of ( <i>Check one):</i>	d you list the original creditor?
	Last 4 digits of account number	
Name and Address Kohl's Attn: Credit Administrator PO Box 3043 Milwaukee, WI 53201-3043	On which entry in Part 1 or Part 2 di Line <u>4.26</u> of ( <i>Check one</i> ):	d you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☑ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address M & T Bank Attn: Bankruptcy PO Box 844 Buffalo, NY 14240-0844	On which entry in Part 1 or Part 2 di Line <u>4.27</u> of ( <i>Check one</i> ):	d you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☑ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address Members 1st Fcu Attn: Bankruptcy PO Box 8893 Camp Hill, PA 17001-8893	On which entry in Part 1 or Part 2 di Line <u>4.28</u> of ( <i>Check one</i> ):	d you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☑ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address Syncb/Care Credit Attn: Bankruptcy PO Box 965060 Orlando, FL 32896-5060	On which entry in Part 1 or Part 2 die Line 4.30 of ( <i>Check one</i> ):	d you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☑ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	

Schedule E/F: Creditors Who Have Unsecured Claims

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Name and Address Synchrony Bank/Care Credit Attr. Bankruptcy PO Box 965060 Orlando, FL 32896-5060  Name and Address Synchrony Bank/Cawes Attr. Bankruptcy PO Box 965060 Orlando, FL 32896-5060  Name and Address Synchrony Bank/Lowes Attr. Bankruptcy PO Box 965060 Orlando, FL 32896-5060  Name and Address Synchrony Bank/Lowes Attr. Bankruptcy PO Box 965060 Orlando, FL 32896-5060  Name and Address Synchrony Bank/Lowes Attr. Bankruptcy PO Box 965060 Orlando, FL 32896-5060  Name and Address Synchrony Bank/Lowes Attr. Bankruptcy PO Box 965060 Orlando, FL 32896-5060  Name and Address Synchrony Bank/Lowes Attr. Bankruptcy PO Box 965060 Orlando, FL 32896-5060  Name and Address Target Co Financial & Retail Srvs Mailstop BT PO Box 9475 Minneapolis, MN 55440-9475  Name and Address Target Co Financial & Retail Srvs Mailstop BT PO Box 9475 Minneapolis, MN 55440-9475  Name and Address To General Srvs Mailstop BT PO Box 9475 Minneapolis, MN 55440-9475  Name and Address Co M which entry in Part 1 or Part 2 did you list the original creditor?  Name and Address Target Co Financial & Retail Srvs Mailstop BT PO Box 9475 Minneapolis, MN 55440-9475  Name and Address To General Srvs Mailstop BT PO Box 9475 Minneapolis, MN 55440-9475  Name and Address To General Srvs Mailstop BT PO Box 9475 Minneapolis, MN 55440-9475  Name and Address To General Srvs Mailstop BT PO Box 9475 Minneapolis, MN 55440-9475  Name and Address To General Srvs Mailstop BT PO Box 9475 Minneapolis, MN 55440-9475  Name and Address To General Srvs Mailstop BT PO By 9475 Minneapolis, MN 55440-9475  Name and Address To General Srvs With Nonpriority Unsecured Claims  Name and Address To General Srvs With Nonpriority Unsecured Claims  Name and Address To General Srvs With Nonpriority Unsecured Claims  Name and Address To General Srvs With Nonpriority Unsecured Claims  Name and Address To General Srvs With Nonpriority Unsecured Claims  Name and Address To General Srvs With Nonpriority Unsecured Claims  Name and Address To General Srvs With Nonpriority Unsecured Claims  Nam	Debtor 1 Kenton B. Loxley Debtor 2 Deborah D. Loxley	Case number (if known)
Name and Address Synchrony Bank/Lowes Attn: Bankruptcy PO Box 965060 Orlando, FL 32896-5060  Name and Address Synchrony Bank/Lowes Attn: Bankruptcy PO Box 965060 Orlando, FL 32896-5060  Name and Address Synchrony Bank/Lowes Attn: Bankruptcy PO Box 965060 Orlando, FL 32896-5060  Name and Address Synchrony Bank/Lowes Attn: Bankruptcy PO Box 965060 Orlando, FL 32896-5060  Name and Address Attn: Bankruptcy PO Box 965060 Orlando, FL 32896-5060  Name and Address Target Co which entry in Part 1 or Part 2 did you list the original creditor? Part 2: Creditors with Nonpriority Unsecured Claims Part 1: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 1: Creditors with Priority Unsecured Claims Co Financial & Retail Srvs Mailstop BT PO Box 9475 Minneapolis, MN 55440-9475  Name and Address Td Bank, N.A. Attn: Bankruptcy 1701 Marlton Pike E Cherry Hill, NJ 08003-2390  Name and Address Wells Fargo Bank NA Attn: Bankruptcy 1 Home Campus MAC X2303-01A FL 3 Des Moines, IA 50328-0001	Synchrony Bank/Care Credit Attn: Bankruptcy PO Box 965060	Line 4.31 of (Check one):
Synchrony Bank/Lowes Attn: Bankruptcy PO Box 965060 Orlando, FL 32896-5060  Name and Address Synchrony Bank/Lowes Attn: Bankruptcy PO Box 965060 Orlando, FL 32896-5060  Name and Address Attn: Bankruptcy PO Box 965060 Orlando, FL 32896-5060  Orlando, FL 32896-5060  Orlando, FL 32896-5060  Institute 4.33 of (Check one):  On which entry in Part 1 or Part 2 did you list the original creditor?  Institute 4.34 of (Check one):  On which entry in Part 1 or Part 2 did you list the original creditor?  Institute 4.34 of (Check one):  Institute 4.35 of (Check one)		Last 4 digits of account number
Name and Address Synchrony Bank/Lowes Attn: Bankruptcy PO Box 965060 Orlando, FL 32896-5060  Name and Address Target c/o Financial & Retail Srvs Mailstop BT PO Box 9475 Minneapolis, MN 55440-9475  Name and Address Td Bank, N.A. Attn: Bankruptcy This Bankruptcy Attn: Bankruptcy Too which entry in Part 1 or Part 2 did you list the original creditor? Line 4.35 of (Check one):  □ Part 1: Creditors with Nonpriority Unsecured Claims □ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims □ Part 1: Creditors with Priority Unsecured Claims □ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims □ Part 2: Creditors with Priority Unsecured Claims □ Part 3: Creditors with Nonpriority Unsecured Claims	Synchrony Bank/Lowes Attn: Bankruptcy PO Box 965060	Line 4.32 of (Check one):
Synchrony Bank/Lowes Attn: Bankruptcy PO Box 965060 Orlando, FL 32896-5060  Name and Address Target C/o Financial & Retail Srvs Mailstop BT PO Box 9475 Minneapolis, MN 55440-9475  Name and Address Td Bankruptcy Name and Address Td Bankruptcy Name and Address To Do Now Hold entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number  Name and Address Wells Fargo Bank NA Attn: Bankruptcy 1 Home Campus # MAC X2303-01A FL 3 Des Moines, IA 50328-0001	Change, 1 E 32090-3000	Last 4 digits of account number
Name and Address Target c/o Financial & Retail Srvs Mailstop BT PO Box 9475 Minneapolis, MN 55440-9475  Name and Address Td Bank, N.A. Attn: Bankruptcy 1701 Marlton Pike E Cherry Hill, NJ 08003-2390  Name and Address Wells Fargo Bank NA Attn: Bankruptcy 11 Home Campus # MAC X2303-01A FL 3 Des Moines, IA 50328-0001	Synchrony Bank/Lowes Attn: Bankruptcy PO Box 965060	Line 4.33 of (Check one):
Target c/o Financial & Retail Srvs Mailstop BT PO Box 9475 Minneapolis, MN 55440-9475  Name and Address Td Bank, N.A. Attn: Bankruptcy 1701 Marlton Pike E Cherry Hill, NJ 08003-2390  Name and Address Wells Fargo Bank NA Attn: Bankruptcy 1 Home Campus # MAC X2303-01A FL 3 Des Moines, IA 50328-0001  Line 4.34 of (Check one):    Part 1: Creditors with Priority Unsecured Claims   Part 2: Creditors with Priority Unsecured Claims   Part 1: Creditors with Priority Unsecured Claims   Part 2: Creditors with Nonpriority Unsecured Claims   Part 2: Creditors with Nonpriority Unsecured Claims   Part 2: Creditors with Nonpriority Unsecured Claims   Part 2: Creditors with Priority Unsecured Claims   Part 2: Creditors with Priority Unsecured Claims   Part 1: Creditors with Priority Unsecured Claims   Part 2: Creditors with Priority Unsecured Claims   Part 2: Creditors with Nonpriority Unsecured Claims   Part 2: Creditors with Nonpriority Unsecured Claims   Part 2: Creditors with Nonpriority Unsecured Claims	Onando, FE 32090-3000	Last 4 digits of account number
Name and Address Td Bank, N.A. Attn: Bankruptcy 1701 Marlton Pike E Cherry Hill, NJ 08003-2390  Name and Address Wells Fargo Bank NA Attn: Bankruptcy 1 Home Campus # MAC X2303-01A FL 3 Des Moines, IA 50328-0001  On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.35 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims	Target c/o Financial & Retail Srvs Mailstop BT PO Box 9475	Line 4.34 of (Check one):
Td Bank, N.A.  Attn: Bankruptcy 1701 Marlton Pike E Cherry Hill, NJ 08003-2390  Last 4 digits of account number  Name and Address Wells Fargo Bank NA Attn: Bankruptcy 1 Home Campus # MAC X2303-01A FL 3 Des Moines, IA 50328-0001  Line 4.35 of (Check one):  Line 4.35 of (Check one):  Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims		Last 4 digits of account number
Name and Address  Vells Fargo Bank NA  Attn: Bankruptcy 1 Home Campus  # MAC X2303-01A FL 3  Des Moines, IA 50328-0001  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.37 of (Check one): □ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims	Td Bank, N.A. Attn: Bankruptcy 1701 Marlton Pike E	Line 4.35 of (Check one):
Wells Fargo Bank NA  Attn: Bankruptcy  1 Home Campus  # MAC X2303-01A FL 3  Des Moines, IA 50328-0001  Line 4.37 of (Check one):  □ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims		Last 4 digits of account number
Last 4 digits of account number	Wells Fargo Bank NA Attn: Bankruptcy 1 Home Campus # MAC X2303-01A FL 3	Line 4.37 of (Check one):
		Last 4 digits of account number

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
	6f.	Student loans	6f.	\$ 0.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 142,589.64

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 17 of 18

Debtor 1 Kenton B. Loxley
Debtor 2 Deborah D. Loxley

Case number (if known)

Total Nonpriority. Add lines 6f through 6i.

6j. \$ 142,589.64

Fill in this informa				
Debtor 1	Kenton B. Loxley			
	First Name	Middle Name	Last Name	
Debtor 2	Deborah D. Loxley			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bank	cruptcy Court for the:	MIDDLE DISTRICT OF	PENNSYLVANIA	
(if known)				☐ Check if this is an amended filing

## Official Form 106G

# **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
     ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	whom you have the r, Street, City, State and ZIP (	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
0.0	City		State	ZIP Code	_
2.2	Name				_
	Number	Street			<del>_</del>
	City		State	ZIP Code	
2.3					
	Name				
	Number	Street			_
	City		State	ZIP Code	<del>_</del>
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				
	Number	Street			_
	City		State	ZIP Code	<del>_</del>

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Page 1 of 1

Fill in this	information to identify you	r case:			
Debtor 1	Kenton B. Loxley First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, fil	Deborah D. Loxle ing) First Name	y Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the:	MIDDLE DISTRICT OF	PENNSYLVANIA		
Case num (if known)	ber				☐ Check if this is an amended filing
	ll Form 106H dule H: Your Cod	lebtors			12/15
people are fill it out, a	e filing together, both are eq	ually responsible for sup e boxes on the left. Attac	plying correct informat h the Additional Page to	ion. If more space is	rate as possible. If two married needed, copy the Additional Page, op of any Additional Pages, write
1. Do	you have any codebtors? (	f you are filing a joint case,	do not list either spouse	as a codebtor.	
⊠ No □ Ye					
	thin the last 8 years, have yo na, California, Idaho, Louisiana				rty states and territories include )
	. Go to line 3. s. Did your spouse, former spo	ouse, or legal equivalent liv	e with you at the time?		
in line Form	e 2 again as a codebtor only	if that person is a guarar	ntor or cosigner. Make :	sure you have listed	ng with you. List the person shown the creditor on Schedule D (Official , Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and 2	ZIP Code		Column 2: The cr Check all schedul	reditor to whom you owe the debt es that apply:
3.1	Name			Schedule D, lin	line
	Number Street City	State	ZIP Code	_	
3.2	Name			Schedule D, lin	line
	Number Street City	State	ZIP Code	_	

Eill	in this information to identify y	Olir Case.							
	, <u>, , , , , , , , , , , , , , , , , , </u>	our case: B. Loxley							
Dei	Kenton i	b. Loxiey			-				
	otor 2 Deborah	n D. Loxley			-				
Uni	ted States Bankruptcy Court fo	or the: MIDDLE DISTRICT C	F PENNSYLVANIA		_				
	se number nown)		-			Check if this is:  An amended A supplement 13 income a	nt showing		chapter
$\bigcirc$	fficial Form 106I					MM / DD/ Y		oming date.	
	chedule I: Your I	ncome				א /טט / אוואו	YYY		12/15
sup spo atta	plying correct information. If use. If you are separated and	possible. If two married peo f you are married and not fili d your spouse is not filing w orm. On the top of any additi	ng jointly, and your ith you, do not inclu	spouse i	s livin nation	g with you, incluation in graphs about your spo	ude inform use. If moi	ation about y re space is n	your eeded,
1.	Fill in your employment information.		Debtor 1			Dobtor 2	or non-fili	na enoueo	
	If you have more than one jo attach a separate page with information about additional	bb, <b>Employment status</b>	<ul><li>☑ Employed</li><li>☑ Not employed</li></ul>			☐ Emplo	yed	ig spouse	
	employers.	Occupation							
	Include part-time, seasonal, self-employed work.	or <b>Employer's name</b>	self-employed Do	oor Dash	<u> </u>				
	Occupation may include stude or homemaker, if it applies.	• •	con employed 20	<u> </u>	<u> </u>				
		How long employed t	here?						
Par	t 2: Give Details Abou								
Esti		he date you file this form. If y	ou have nothing to rep	oort for an	y line,	write \$0 in the sp	ace. Include	your non-fili	ng spous
	u or your non-filing spouse ha e space, attach a separate she	ve more than one employer, co	ombine the informatio	n for all e	mploye	ers for that perso	n on the line	es below. If y	ou need
					F	or Debtor 1	For Debt	or 2 or g spouse	
2.		salary, and commissions (buthly, calculate what the month		2.	\$_	0.00	\$	0.00	
3.	Estimate and list monthly	overtime pay.		3.	+\$	0.00	+\$	0.00	
4.	Calculate gross Income. A	add line 2 + line 3.		4.	\$	0.00	\$	0.00	

Case number (if known)

			For Debtor 1		Debtor 1	For Debtor 2 or non-filing spouse		
	Сору	line 4 here	4.	\$	0.00	\$	0.00	
5.	List a	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	0.00	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.00	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00	
	5e.	Insurance	5e.	\$	0.00	\$	0.00	
	5f.	Domestic support obligations	5f.	\$_	0.00	\$	0.00	
	5g.	Union dues	5g.	\$	0.00	\$	0.00	
	5h.	Other deductions. Specify:	5h.+	\$_	0.00 +	\$	0.00	
6.	Add 1	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	0.00	\$	0.00	
7.	Calcu	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	0.00	\$	0.00	
8.	List a 8a.	All other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$_	1,687.00	\$	0.00_	
	8b.	Interest and dividends	8b.	\$	0.00	\$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$_	0.00	\$	0.00	
	8d.	Unemployment compensation	8d.	\$_	0.00	\$	0.00	
	8e. 8f.	Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8e. _ 8f.	\$_ \$_	2,338.00	\$ \$	0.00	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	0.00	
	8h.	Other monthly income. Specify:	_ 8h.+	\$_	0.00 +	\$	0.00	
9.	Add a	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	4,025.00	\$	1,380.00	
10.		ulate monthly income. Add line 7 + line 9. he entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$_		4,025.00 + \$_	1,380	.00 = \$5,405.00	
11.	State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +\$ 0.00							
12.		the amount in the last column of line 10 to the amount in line 11. The res that amount on the Summary of Schedules and Statistical Summary of Certaines			,		12. \$ 5,405.00 Combined	
13.	Do yo	ou expect an increase or decrease within the year after you file this form	?				monthly income	
	$\square$	No. Yes. Explain:						

	nation to identify your case:				
ebtor 1	Kenton B. Loxley		Chec	k if this is:	
	-			An amended filing	
ebtor 2 pouse, if filing)	Deborah D. Loxley				Does dependent live with you?  Does dependent live with you?  No Yes No Ho
			_		
ited States Ba	nkruptcy Court for the: MIDDLE DISTRICT OF PEN	INSYLVANIA		MM / DD / YYYY	
ase number known)					
	form 106J				
	e J: Your Expenses				
formation. If	e and accurate as possible. If two married peop more space is needed, attach another sheet to t swer every question.				
	scribe Your Household				
Is this a jo ☐ No. Go	oint case?				
	oes Debtor 2 live in a separate household?				
	No Yes. Debtor 2 must file Official Form 106J-2, <i>Expe</i>	enses for Senarate House	hold of Deb	tor 2	
	ave dependents? $\boxtimes$ No	enses for Separate Flouse.	noid of Deb	IOI 2.	
•	. –	f Book do do otor	1.2 . 4 .	B	Born donnelland
Debtor 2.	Debtor 1 and ☐ Yes. Fill out this information each dependent	•		Dependent's age	live with you?  No Yes No Yes No Yes No Yes No No Yes
Do not sta					
dependen	ts names.			<u> </u>	
					Does dependen live with you?  No Yes No Yes No Yes No Yes Yes
		-		<del></del>	=
					=
expenses	expenses include				Dependent's age  Does dependent live with you?  No Yes
yoursen					
rt 2: Est timate your penses as c plicable dat clude expen	ses paid for with non-cash government assista	supplemental <i>Schedule</i> ance if you know the			
rt 2: Est etimate your penses as o plicable dat clude expen lue of such	expenses as of your bankruptcy filing date unle of a date after the bankruptcy is filed. If this is a e. ses paid for with non-cash government assistant assistance and have included it on Schedule I:	supplemental <i>Schedule</i> ance if you know the		e box at the top o	f the form and fill in
art 2: Est etimate your penses as c plicable dat clude expen lue of such fficial Form	expenses as of your bankruptcy filing date unle of a date after the bankruptcy is filed. If this is a e. ses paid for with non-cash government assistant assistance and have included it on Schedule I:	supplemental Schedule ince if you know the Your Income	J, check th	e box at the top o	f the form and fill in
rt 2: Est timate your penses as o plicable dat clude expen ue of such fficial Form  The renta payments	expenses as of your bankruptcy filing date unlof a date after the bankruptcy is filed. If this is a e.  ses paid for with non-cash government assistant assistance and have included it on Schedule I:  1061.)  I or home ownership expenses for your residen	supplemental Schedule ince if you know the Your Income	J, check th	e box at the top o	f the form and fill ir
t 2: Est timate your penses as o plicable dat dude expen ue of such ficial Form  The renta payments  If not incl	expenses as of your bankruptcy filing date unlof a date after the bankruptcy is filed. If this is a e.  ses paid for with non-cash government assistant assistance and have included it on Schedule I: 106I.)  If or home ownership expenses for your resident and any rent for the ground or lot.  uded in line 4:	supplemental Schedule ince if you know the Your Income	J, check th	Your exp	f the form and fill in enses
t 2: Est timate your penses as c plicable dat lude expen ue of such ficial Form  The renta payments  If not incl  4a. Rea	expenses as of your bankruptcy filing date unlof a date after the bankruptcy is filed. If this is a e.  ses paid for with non-cash government assistant assistance and have included it on Schedule I: 1061.)  If or home ownership expenses for your resident and any rent for the ground or lot.	supplemental Schedule ince if you know the Your Income	4a. \$	Your exp	f the form and fill in enses 1,575.30
t2: Est timate your penses as c plicable dat lude expen ue of such ficial Form  The renta payments If not incl  4a. Rea 4b. Pro	expenses as of your bankruptcy filing date unlof a date after the bankruptcy is filed. If this is a e.  ses paid for with non-cash government assistant assistance and have included it on Schedule I: 1061.)  If or home ownership expenses for your resident and any rent for the ground or lot.  uded in line 4:  all estate taxes	supplemental <i>Schedule</i> ince if you know the Your Income	4a. \$4b. \$	Your exp	1,575.30 0.00 0.00
t 2: Est timate your penses as o plicable dat clude expen ue of such fficial Form  The renta payments  If not incl  4a. Rea 4b. Pro 4c. Hor 4d. Hor	expenses as of your bankruptcy filing date unload a date after the bankruptcy is filed. If this is a e.  ses paid for with non-cash government assistant assistance and have included it on Schedule I: 1061.)  If or home ownership expenses for your resident and any rent for the ground or lot.  uded in line 4:  all estate taxes perty, homeowner's, or renter's insurance me maintenance, repair, and upkeep expenses meowner's association or condominium dues	supplemental Schedule ince if you know the Your Income nce. Include first mortgage	4a. \$ 4b. \$ 4d. \$ 4d. \$	Your exp	1,575.30 0.00 0.00 125.00 0.00
t 2: Est timate your penses as o plicable dat clude expen ue of such fficial Form  The renta payments  If not incl  4a. Rea 4b. Pro 4c. Hor 4d. Hor	expenses as of your bankruptcy filing date unlof a date after the bankruptcy is filed. If this is a e.  ses paid for with non-cash government assistant assistance and have included it on Schedule I: 1061.)  If or home ownership expenses for your resident and any rent for the ground or lot.  Suded in line 4:  all estate taxes perty, homeowner's, or renter's insurance me maintenance, repair, and upkeep expenses	supplemental Schedule ince if you know the Your Income nce. Include first mortgage	4a. \$4b. \$4c. \$	Your exp	1,575.30 0.00 0.00 125.00
t 2: Est timate your penses as c plicable dat lude expen ue of such ficial Form  The renta payments If not incl 4a. Rea 4b. Pro 4c. Hor 4d. Hor Additiona  Utilities:	expenses as of your bankruptcy filing date unload a date after the bankruptcy is filed. If this is a e.  ses paid for with non-cash government assistant assistance and have included it on Schedule I: 1061.)  If or home ownership expenses for your resident and any rent for the ground or lot.  If all estate taxes perty, homeowner's, or renter's insurance me maintenance, repair, and upkeep expenses meowner's association or condominium dues all mortgage payments for your residence, such as	supplemental Schedule ince if you know the Your Income nce. Include first mortgage	4a. \$ 4b. \$ 4d. \$ 4d. \$	Your exp	0.00 0.00 0.00 125.00 0.00
t2: Est timate your penses as c plicable dat lude expen ue of such ficial Form  The renta payments  If not incl  4a. Rea 4b. Pro 4c. Hor 4d. Hor Additiona  Utilities: 6a. Elec	expenses as of your bankruptcy filing date unload a date after the bankruptcy is filed. If this is a e.  ses paid for with non-cash government assistant assistance and have included it on Schedule I: 1061.)  If or home ownership expenses for your resident and any rent for the ground or lot.  uded in line 4:  all estate taxes perty, homeowner's, or renter's insurance me maintenance, repair, and upkeep expenses meowner's association or condominium dues all mortgage payments for your residence, such a ctricity, heat, natural gas	supplemental Schedule ince if you know the Your Income nce. Include first mortgage	4a. \$ 4b. \$ 4d. \$ 5. \$	Your exp	0.00 0.00 0.00 125.00 0.00 298.00
rt 2: Est timate your penses as o plicable dat clude expen lue of such fficial Form  The renta payments  If not incl  4a. Rea 4b. Pro 4c. Hor 4d. Hor Additiona  Utilities: 6a. Elee 6b. War	expenses as of your bankruptcy filing date unload a date after the bankruptcy is filed. If this is a e.  ses paid for with non-cash government assistant assistance and have included it on Schedule I: 1061.)  If or home ownership expenses for your resident and any rent for the ground or lot.  If all estate taxes perty, homeowner's, or renter's insurance me maintenance, repair, and upkeep expenses meowner's association or condominium dues all mortgage payments for your residence, such as	ince if you know the Your Income  nce. Include first mortgage as home equity loans	4a. \$ 4b. \$ 4d. \$ 5. \$	Your exp	0.00 0.00 0.00 125.00 0.00 298.00

Official Form 106J Schedule J: Your Expenses page 1

Debtor 1 Debtor 2	Kenton B. Loxley Deborah D. Loxley	Case num	ber (if known)	
	d and housekeeping supplies	7.		900.00
	dcare and children's education costs	7. 8.		
	hing, laundry, and dry cleaning	9.	: —	450.00
	conal care products and services	10.		100.00
	ical and dental expenses	10.		200.00
	sportation. Include gas, maintenance, bus or train fare.	11.	Ψ	200.00
	ot include car payments.	12.	\$	400.00
	rtainment, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
14. Cha	ritable contributions and religious donations	14.		100.00
15. <b>Insu</b>	•	· -		
Do n	ot include insurance deducted from your pay or included in lines 4 or 20.			
15a.	Life insurance	15a.	\$	0.00
15b.	Health insurance	15b.	•	0.00
15c.	Vehicle insurance	15c.		187.25
15d.	Other insurance. Specify:	15d.	•	0.00
16. <b>Taxe</b>	es. Do not include taxes deducted from your pay or included in lines 4 or 20.			
Spec	sify:	16.	\$	0.00
	allment or lease payments:		-	
	Car payments for Vehicle 1	17a.	\$	0.00
17b.	Car payments for Vehicle 2	17b.	\$	0.00
17c.	Other. Specify:	17c.	\$	0.00
17d.	Other. Specify:	17d.	\$	0.00
	r payments of alimony, maintenance, and support that you did not report as			
	ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
	er payments you make to support others who do not live with you.		\$	0.00
Spec	·	19.		
	er real property expenses not included in lines 4 or 5 of this form or on Sch			0.00
	Mortgages on other property	20a.	· —	0.00
	Real estate taxes	20b.	·	0.00
	Property, homeowner's, or renter's insurance	20c.		0.00
20d.	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	Homeowner's association or condominium dues	20e.		0.00
21. <b>Oth</b>	er: Specify: _pet expenses	21.	+\$	166.67
22. <b>Cal</b> c	ulate your monthly expenses			
	Add lines 4 through 21.		\$	4,690.22
22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	,
	Add line 22a and 22b. The result is your monthly expenses.		\$	4,690.22
220.	Add fine 22a and 22b. The result is your monthly expenses.		Ψ	4,090.22
	ulate your monthly net income.			
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	5,405.00
23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	4,690.22
23c.	Subtract your monthly expenses from your monthly income.			
	The result is your <i>monthly net income</i> .	23c.	\$	714.78
For e modi ⊠ N				rease or decrease because of a
☐ Y	es. Explain here:			

Fill in this infor	mation to identify your o	ase:					
Debtor 1	Kenton B. Loxley First Name	Middle Name	Last N	ame			
Debtor 2 (Spouse if, filing)	Deborah D. Loxley First Name	Middle Name	Last N	ame			
United States Ba	ankruptcy Court for the:	MIDDLE DISTRICT OF I	PENNSYLVAI	NIA			
Case number (if known)						☐ Check if this is an amended filing	
Official Form	<sub>m 106Dec</sub> tion About a	n Individual	Debto	r'c	Schedules		12/15
f two married p	eople are filing together,	both are equally respor	nsible for sup	plyin	g correct information.		
obtaining mone years, or both. 1		connection with a bank				ntement, concealing property, 1000, or imprisonment for up to	
Did you pa	ay or agree to pay some	one who is NOT an attor	ney to help y	ou fill	out bankruptcy forms?		
⊠ No □ Yes.	Name of person					nkruptcy Petition Preparer's No n, and Signature (Official Form	
•	alty of perjury, I declare t re true and correct.	hat I have read the sum	mary and sch	nedule	es filed with this declarat	tion and	
X /s/ Ker	nton B. Loxley		X /:	s/ Del	oorah D. Loxley		
Kenton B. Loxley Signature of Debtor 1					ah D. Loxley ure of Debtor 2		
Date _	November 11, 2024		[	Date	November 11, 2024		

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules** 

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Best Case Bankruptcy

Fill in this info	ormation to identify you	r case:						
Debtor 1	Kenton B. Loxley	Middle News	Loot Name					
Debtor 2	Deborah D. Loxle	Middle Name	Last Name					
(Spouse if, filing)	First Name	Middle Name	Last Name					
United States I	Bankruptcy Court for the:	MIDDLE DISTRICT OF P	ENNSYLVANIA					
Case number								
(if known)					theck if this is an mended filing			
061 1 1	4.0-							
<u>Official F</u>		Affaira far Individ	duala Eilina far B	ankerentari				
		Affairs for Individ			04/22			
				equally responsible for sup ny additional pages, write yo				
	wn). Answer every que			,				
Part 1: Give	e Details About Your Ma	arital Status and Where You	ı Lived Before					
1. What is ye	our current marital statu	ıs?						
⊠ Marri □ Not n	ed narried							
2. During the	e last 3 years, have you	lived anywhere other than	where you live now?					
⊠ No	□ No							
=	List all of the places you l	ived in the last 3 years. Do n	ot include where you live nov	٧.				
Debtor 1		Dates Debtor 1 lived there	Debtor 2 Prior Ac	Idress:	Dates Debtor 2 lived there			
				nity property state or territor ico, Texas, Washington and V				
⊠ No □ Yes.	Make sure you fill out <i>Scl</i>	nedule H: Your Codebtors (O	fficial Form 106H).					
Part 2 Exp	lain the Sources of You	r Income						
Fill in the t	otal amount of income yo	nployment or from operatir u received from all jobs and a have income that you receiv	all businesses, including part		ndar years?			
□ No ⊠ Yes.	Fill in the details.							
		Debtor 1		Debtor 2				
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)			
	1 of current year until iled for bankruptcy:	☐ Wages, commissions, bonuses, tips	\$15,522.00	☐ Wages, commissions, bonuses, tips	\$0.00			
		□ Operating a business		Operating a business				
For last calen (January 1 to	dar year: December 31, 2023 )	☐ Wages, commissions, bonuses, tips	\$8,200.00	☐ Wages, commissions, bonuses, tips	\$0.00			
		☑ Operating a husiness		Operating a husiness				

Statement of Financial Affairs for Individuals Filing for Bankruptcy

			Debtor 1		Debtor 2	Debtor 2			
			Sources of income Check all that apply.	(befo	ss income ore deductions and usions)	Sources of inc		Gross income (before deductions and exclusions)	
For the calendar year before that: (January 1 to December 31, 2022)			☐ Wages, commissions, bonuses, tips	\$7,645.00	☐ Wages, con bonuses, tips	nmissions,	\$0.00		
			Operating a business			☐ Operating a	business		
Include i and othe winnings List each	income regardle er public benefit s. If you are filing n source and the	ess of wheth payments; g a joint cas e gross inco	e during this year or the two ner that income is taxable. E pensions; rental income; int se and you have income that ome from each source sepa	xamples erest; divi t you rece	of other income are idends; money colle eived together, list it	alimony; child sup cted from lawsuits only once under D	; royalties; ar ebtor 1		
			Dalata and			D-1-40			
			Debtor 1 Sources of income Describe below.	each (befo	ss income from a source ore deductions and usions)	Sources of inc Describe below		Gross income (before deductions and exclusions)	
	ry 1 of current u filed for bank		Social Security Benefits		\$25,718.00	Social Securi Benefits	ty	\$15,180.00	
For last cale (January 1 t	endar year: to December 31	1, 2023 )	Social Security Benefits		\$29,745.00	Social Securi Benefits	ty	\$17,557.00	
	endar year befo to December 31		Social Security Benefits		\$27,363.00	Social Securi Benefits	ty	\$16,151.00	
6. Are eith	Per Debtor 1's of Neither Debindividual pring the 9 No.  * Subject to S. Debtor 1 or During the 9 No.	or Debtor 2 tor 1 nor D marily for a 0 days befor Go to line 7 List below e paid that or not include adjustmen Debtor 2 o	each creditor to whom you peditor. Do not include paym payments to an attorney for ton 4/01/25 and every 3 year both have primarily consore you filed for bankruptcy,	er debts'sumer de nold purpo did you paraid a total ents for de this bank ars after the	?  Subts. Consumer debise."  ay any creditor a tot  I of \$7,575* or more omestic support oblivituptcy case. hat for cases filed on bbts.	al of \$7,575* or mo in one or more pa gations, such as c	ore? yments and hild support a of adjustmen	the total amount you and alimony. Also, do	
	;	include pay attorney for	each creditor to whom you p ments for domestic support this bankruptcy case.	obligation	ns, such as child sup	oport and alimony.	Álso, do not	include payments to an	
Credito	or's Name and A	Address	Dates of payn	nent	Total amount paid	Amount you still owe	Was this	payment for	
M & T PO Bo Millsbo		-0900	09/2024, 10/2 11/2024	2024,	\$4,725.00	\$155,953.00		Card Repayment Pers or vendors	

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 2

Case 1:24-bk-02928-HWV

	btor 1 Kenton B. Loxley btor 2 Deborah D. Loxley		Cas	e number (if known)			
7.	Within 1 year before you filed for bankrupt Insiders include your relatives; any general participations of which you are an officer, direct including one for a business you operate as a support and alimony.	artners; relatives of any gen ctor, person in control, or ow	eral partners; partnerners of 20% or more	erships of which you of their voting secu	บ are a gener urities; and ar	al partner; ny managing agent,	
	<ul><li>No</li><li>Yes. List all payments to an insider.</li></ul>						
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment	
8.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos  ☑ No ☐ Yes. List all payments to an insider		ments or transfer a	any property on a	ecount of a c	lebt that benefited an	
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe		this payment litor's name	
Pai	rt 4: Identify Legal Actions, Repossessio	ns, and Foreclosures					
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.  Case title				ctions, suppo	t or custody	
	Case number					Status of the case	
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details belo  ☑ No. Go to line 11. ☐ Yes. Fill in the information below.		erty repossessed, f	oreclosed, garnis	hed, attache	d, seized, or levied?	
	Creditor Name and Address	Describe the Property		Date		Value of the	
		Explain what happened				property	
11.	Within 90 days before you filed for bankru accounts or refuse to make a payment bec ⊠ No ☐ Yes. Fill in the details.		luding a bank or fii	nancial institution	, set off any	amounts from your	
	Creditor Name and Address	Describe the action the	creditor took	Date a taken	ection was	Amount	
12.	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a ☐ No ☐ Yes		erty in the possess	ion of an assigned	e for the ben	efit of creditors, a	
Pai	rt 5: List Certain Gifts and Contributions						
13.	Within 2 years before you filed for bankrup  ☐ No ☐ Yes. Fill in the details for each gift.	otcy, did you give any gift	s with a total value	of more than \$60	0 per person	?	
	Gifts with a total value of more than \$600 per person	Describe the gifts	the gifts Dates the g			Value	
	Person to Whom You Gave the Gift and Address:						

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 3

	otor 1 Kenton B. Loxley Deborah D. Loxley		Ca	ase number (	if known)				
14.	Within 2 years before you filed for bankr  ☑ No ☐ Yes. Fill in the details for each gift or c			s with a tota	I value of more than	\$600 to any charity?			
	Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code		Describe what you contributed		Dates you contributed	Value			
Par	t 6: List Certain Losses								
15.	Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?								
	<ul><li>☑ No</li><li>☑ Yes. Fill in the details.</li></ul>								
	Describe the property you lost and how the loss occurred	st pending property.	Date of your loss	Value of property lost					
Par	t 7: List Certain Payments or Transfers	<b>3</b>							
16.	Within 1 year before you filed for bankru consulted about seeking bankruptcy or place include any attorneys, bankruptcy petition p  □ No □ Yes. Fill in the details.	reparin	g a bankruptcy petition?			erty to anyone you			
	Person Who Was Paid Address Email or website address		Description and value of any proper transferred	rty	Date payment or transfer was made	Amount of payment			
	Person Who Made the Payment, if Not Y Law Offices of John M. Hyams 2023 N 2nd St Harrisburg, PA 17102 jmh@johnhyamslaw.com	ou	Attorney Fee		09/13/2024	\$587.00			
17.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  Do not include any payment or transfer that you listed on line 16.								
	<ul><li>No</li><li>Yes. Fill in the details.</li></ul>								
	Person Who Was Paid Address		Description and value of any proper transferred	rty	Date payment or transfer was made	Amount of payment			
18.	Within 2 years before you filed for bankr transferred in the ordinary course of you include both outright transfers and transfers include gifts and transfers that you have alm No  Yes. Fill in the details.	ı <b>r busin</b> made a	ess or financial affairs? as security (such as the granting of a sec						
	Person Who Received Transfer Address		Description and value of property transferred		ny property or received or debts change	Date transfer was made			
19.	Person's relationship to you  Within 10 years before you filed for bank beneficiary? (These are often called asset   No  Yes. Fill in the details.			lf-settled tru	ist or similar device	of which you are a			
	Name of trust		Description and value of the proper	ty transferre	ed	Date Transfer was made			

Statement of Financial Affairs for Individuals Filing for Bankruptcy

	otor 1 Kenton B. Loxley Deborah D. Loxley			Case number (if known)	
Par	t 8: List of Certain Financial Accounts, In	nstruments, Safe Depos	t Boxes, and Sto	orage Units	
20.	Within 1 year before you filed for bankrupt sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asso ⋈ No ☐ Yes. Fill in the details.	or other financial accou	nts; certificates	of deposit; shares in banks, cred	
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of accou instrument	nt or Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.	cash, or other valuables?  ☑ No	year before you filed fo	r bankruptcy, an	y safe deposit box or other depo	ository for securities,
	Yes. Fill in the details.				
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had ac Address (Number, State and ZIP Code)		Describe the contents	Do you still have it?
22.	Have you stored property in a storage unit	or place other than you	r home within 1	year before you filed for bankrup	otcy?
	<ul><li>☑ No</li><li>☐ Yes. Fill in the details.</li></ul>				
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  Who else has or had acc to it? Address (Number, Street, City State and ZIP Code)			Describe the contents	Do you still have it?
Par	t 9: Identify Property You Hold or Control	ol for Someone Else			
		omeone else owns? Inc	ude any propert	y you borrowed from, are storing	g for, or hold in trust
23.	Do you hold or control any property that s for someone.				
23.					
23.	for someone.	Where is the pro (Number, Street, City, Code)		Describe the property	Value
	for someone.  No Yes. Fill in the details.  Owner's Name	Where is the pro (Number, Street, City, Code)		Describe the property	Value
Par	for someone.  No Yes. Fill in the details.  Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the pro (Number, Street, City, Code)		Describe the property	Value
Par	for someone.  No Yes. Fill in the details.  Owner's Name Address (Number, Street, City, State and ZIP Code)  110: Give Details About Environmental In the purpose of Part 10, the following definit Environmental law means any federal, stat toxic substances, wastes, or material into	Where is the pro (Number, Street, City, Code)  formation  tions apply:  te, or local statute or reg the air, land, soil, surface	ulation concerni e water, ground	ng pollution, contamination, rele	eases of hazardous or
Par For t ⊠	for someone.  No Yes. Fill in the details.  Owner's Name Address (Number, Street, City, State and ZIP Code)  110: Give Details About Environmental Inthe purpose of Part 10, the following definite Environmental law means any federal, state toxic substances, wastes, or material into regulations controlling the cleanup of these	Where is the pro (Number, Street, City, Code)  formation  tions apply:  te, or local statute or reg the air, land, soil, surfactes substances, wastes, of	ulation concerni e water, ground r material.	ing pollution, contamination, rele water, or other medium, includin	eases of hazardous or g statutes or
Par For t	for someone.  No Yes. Fill in the details.  Owner's Name Address (Number, Street, City, State and ZIP Code)  T10: Give Details About Environmental Inthe purpose of Part 10, the following definite Environmental law means any federal, state toxic substances, wastes, or material into regulations controlling the cleanup of thes Site means any location, facility, or proper to own, operate, or utilize it, including disp	Where is the pro (Number, Street, City, Code)  formation  tions apply:  te, or local statute or reg the air, land, soil, surfac te substances, wastes, of ty as defined under any toosal sites.	ulation concerni e water, ground r material. environmental la	ing pollution, contamination, rele water, or other medium, includin aw, whether you now own, opera	eases of hazardous or g statutes or ite, or utilize it or used
Par For t	for someone.  No Yes. Fill in the details.  Owner's Name Address (Number, Street, City, State and ZIP Code)  T10: Give Details About Environmental Inthe purpose of Part 10, the following definite Environmental law means any federal, state toxic substances, wastes, or material into regulations controlling the cleanup of thes Site means any location, facility, or proper	Where is the pro (Number, Street, City, Code)  formation  tions apply:  te, or local statute or regithe air, land, soil, surfaces substances, wastes, coty as defined under any local sites.	ulation concerni e water, ground r material. environmental la	ing pollution, contamination, rele water, or other medium, includin aw, whether you now own, opera	eases of hazardous or g statutes or ite, or utilize it or used
Par For t	for someone.  No Yes. Fill in the details.  Owner's Name Address (Number, Street, City, State and ZIP Code)  10: Give Details About Environmental In the purpose of Part 10, the following definit Environmental law means any federal, stat toxic substances, wastes, or material into regulations controlling the cleanup of thes Site means any location, facility, or proper to own, operate, or utilize it, including disp Hazardous material means anything an em	Where is the pro (Number, Street, City, Code)  formation  tions apply:  te, or local statute or reg the air, land, soil, surfaces substances, wastes, of ty as defined under any bosal sites.  vironmental law defines t, or similar term.	ulation concerni e water, ground r material. environmental la as a hazardous	ng pollution, contamination, rele water, or other medium, includin aw, whether you now own, opera waste, hazardous substance, to	eases of hazardous or g statutes or ite, or utilize it or used
Par For t	For someone.  No Yes. Fill in the details.  Owner's Name Address (Number, Street, City, State and ZIP Code)  110: Give Details About Environmental In the purpose of Part 10, the following definit Environmental law means any federal, stat toxic substances, wastes, or material into regulations controlling the cleanup of thes Site means any location, facility, or proper to own, operate, or utilize it, including disp. Hazardous material means anything an enhazardous material, pollutant, contaminan ort all notices, releases, and proceedings the	Where is the pro (Number, Street, City, Code)  formation  tions apply:  te, or local statute or regithe air, land, soil, surfactes substances, wastes, of ty as defined under any posal sites.  vironmental law defines t, or similar term.	ulation concerni e water, ground or material. environmental la as a hazardous ardless of when	ing pollution, contamination, relewater, or other medium, includin aw, whether you now own, opera waste, hazardous substance, too they occurred.	eases of hazardous or g statutes or ite, or utilize it or used kic substance,
Par For t	For someone.  No Yes. Fill in the details.  Owner's Name Address (Number, Street, City, State and ZIP Code)  110: Give Details About Environmental Inthe purpose of Part 10, the following definite Environmental law means any federal, state toxic substances, wastes, or material into regulations controlling the cleanup of these Site means any location, facility, or proper to own, operate, or utilize it, including dispersional means anything an enhazardous material means anything an enhazardous material, pollutant, contaminant ort all notices, releases, and proceedings the	Where is the pro (Number, Street, City, Code)  formation  tions apply:  te, or local statute or regithe air, land, soil, surfactes substances, wastes, of ty as defined under any posal sites.  vironmental law defines t, or similar term.	ulation concerni e water, ground or material. environmental la as a hazardous ardless of when	ing pollution, contamination, relewater, or other medium, includin aw, whether you now own, opera waste, hazardous substance, too they occurred.	eases of hazardous or g statutes or ite, or utilize it or used kic substance,
Par For t	For someone.  No Yes. Fill in the details.  Owner's Name Address (Number, Street, City, State and ZIP Code)  To: Give Details About Environmental Inthe purpose of Part 10, the following definite Environmental law means any federal, state toxic substances, wastes, or material into regulations controlling the cleanup of thes Site means any location, facility, or proper to own, operate, or utilize it, including disp. Hazardous material means anything an enhazardous material, pollutant, contaminan ort all notices, releases, and proceedings the No  No	Where is the pro (Number, Street, City, Code)  formation  tions apply:  te, or local statute or regithe air, land, soil, surfactes substances, wastes, of ty as defined under any posal sites.  vironmental law defines t, or similar term.	ulation concerni e water, ground or material. environmental la as a hazardous ardless of when otentially liable	ing pollution, contamination, relewater, or other medium, includin aw, whether you now own, opera waste, hazardous substance, too they occurred.	eases of hazardous or g statutes or ite, or utilize it or used kic substance,

Statement of Financial Affairs for Individuals Filing for Bankruptcy

	otor 1 Kenton B. Loxley otor 2 Deborah D. Loxley		Case number (if known)	
25.	Have you notified any governmental unit o	f any release of hazardous material?		
	<ul><li>☑ No</li><li>☐ Yes. Fill in the details.</li></ul>			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
26.	Have you been a party in any judicial or ad	ironmental law? Include settlements a	nd orders.	
	<ul><li>No</li><li>Yes. Fill in the details.</li></ul>			
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
Par	t 11: Give Details About Your Business or	Connections to Any Business		
21.	<ul> <li>□ A member of a limited liability com</li> <li>□ A partner in a partnership</li> <li>□ An officer, director, or managing ex</li> <li>□ An owner of at least 5% of the votin</li> <li>☑ No. None of the above applies. Go to</li> <li>□ Yes. Check all that apply above and file</li> </ul>	in a trade, profession, or other activity, pany (LLC) or limited liability partnershive cutive of a corporation or equity securities of a corporation Part 12.	either full-time or part-time ip (LLP)	Susiness:
	Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business  Name of accountant or bookkeeper	Employer Identification number Do not include Social Security no Dates business existed	umber or ITIN.
28.	Within 2 years before you filed for bankrup institutions, creditors, or other parties.  No Yes. Fill in the details below.  Name	tcy, did you give a financial statement t  Date Issued	to anyone about your business? Includ	de all financial
	Address (Number, Street, City, State and ZIP Code)			
I hav	t 12: Sign Below  ve read the answers on this Statement of Fittrue and correct. I understand that making a a bankruptcy case can result in fines up to I.S.C. §§ 152, 1341, 1519, and 3571.	false statement, concealing property, o	or obtaining money or property by frau	
	Kenton B. Loxley	/s/ Deborah D. Loxley		
	nton B. Loxley nature of Debtor 1	Deborah D. Loxley Signature of Debtor 2		
Dat	November 11, 2024	Date November 11, 202	24	
Did ⊠ N □ Y	you attach additional pages to <i>Your Statem</i> lo ′es	ent of Financial Affairs for Individuals F	Filing for Bankruptcy (Official Form 107	7)?
$\boxtimes$ N	you pay or agree to pay someone who is no lo 'es. Name of Person Attach the <i>Bankre</i>			

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 6

Fill in this information to identify your case:							
Debtor 1	Kenton B. Loxley						
Debtor 2 (Spouse, if filing)	Deborah D. Loxley						
United States B	United States Bankruptcy Court for the: Middle District of Pennsylvania						
Case number (if known)							

Check	Check as directed in lines 17 and 21:								
According to the calculations required by this Statement:									
1. Disposable income is not determined und 11 U.S.C. § 1325(b)(3).									
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).								
	□ 3. The commitment period is 3 years.								
	4. The commitment period is 5 years.								

#### ☐ Check if this is an amended filing

### Official Form 122C-1

## **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

### Part 1: Calculate Your Average Monthly Income

1.	What is	vour ma	arital and	l filina :	status?	Check	one o	only.

☐ Not married. Fill out Column A, lines 2-11.

Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

				Column / Debtor 1	-	Debt	mn B or 2 or filing spouse
2.	Your gross wages, salary, tips, bonuses, overtipayroll deductions).	me	, and commissions (before all	\$	0.00	\$	0.00
3.	<b>Alimony and maintenance payments.</b> Do not incocolumn B is filled in.	lude	e payments from a spouse if	\$	0.00	\$	0.00
4.	All amounts from any source which are regular of you or your dependents, including child sup from an unmarried partner, members of your house and roommates. Do not include payments from a syou listed on line 3.	<b>por</b> eho	t. Include regular contributions ld, your dependents, parents,	\$	0.00	\$	0.00
5.	Net income from operating a business, profession, or farm		Debtor 1				
	Gross receipts (before all deductions)	\$	3,440.00				
	Ordinary and necessary operating expenses	-\$	1,753.00				
	Net monthly income from a business, profession, or farm	\$	Copy 1,687.00 here ->	\$	1,687.00	\$	0.00
6.	Net income from rental and other real property		Debtor 1				
	Gross receipts (before all deductions)		\$0.00_				
	Ordinary and necessary operating expenses		<b>-</b> \$ <u>0.00</u>				
	Net monthly income from rental or other real prope	rty	\$0.00 Copy here ->	\$	0.00	\$	0.00

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

page 1

			Column A Debtor 1		Column B Debtor 2 or non-filing s		
7.	Interest, dividends, and royalties		\$	0.00	\$	0.00	
8.	Unemployment compensation		\$	0.00	\$	0.00	
	Do not enter the amount if you contend that the amount received was a benefit und the Social Security Act. Instead, list it here:	der					
	For you\$\$						
	For your spouse\$ 0.00						
9.	Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, on the include any compensation, pension, pay, annuity, or allowance paid by the Unite States Government in connection with a disability, combat-related injury or disability or death of a member of the uniformed services. If you received any retired pay pain under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.	ted ty, id t	\$	0.00	\$	0.00	
10.	Income from all other sources not listed above. Specify the source and amoun Do not include any benefits received under the Social Security Act; payments receive as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability or death of a member of the uniformed services. If necessary, list other sources on separate page and put the total below.	red l ty,					
			\$	0.00	\$	0.00	
			\$	0.00	\$	0.00	
	Total amounts from separate pages, if any.	+	\$	0.00	\$	0.00	
11.	Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.  \$	1	,687.00	+ \$ _	0.00		1,687.00
12. 13.	Copy your total average monthly income from line 11.  Calculate the marital adjustment. Check one:  You are not married. Fill in 0 below.  You are married and your spouse is filing with you. Fill in 0 below.  You are married and your spouse is not filing with you.  Fill in the amount of the income listed in line 11, Column B, that was NOT regulated has payment of the spouse's tax liability or the spouse's support of some Below, specify the basis for excluding this income and the amount of income do on a separate page.  If this adjustment does not apply, enter 0 below.	larly	paid for the hother than yo	nouseho ou or yo	old expenses of ur dependents.		·
	\$ _			_			
	+\$ _			_			
	Total\$		0.00	Co	opy here=>		0.00
14.	Your current monthly income. Subtract line 13 from line 12.					\$	1,687.00
15.	Calculate your current monthly income for the year. Follow these steps:						
	15a. Copy line 14 here=>					\$	1,687.00

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

page 2

Debtor 1 Debtor 2		enton B. Loxley Deborah D. Loxley	Case number (if known)	
		Multiply line 15a by 12 (the number of months in	n a year).	<b>x</b> 12
1	5b.	The result is your current monthly income for the	e year for this part of the form.	\$ 20,244.00
16. <b>Ca</b>	alcu	late the median family income that applies to	you. Follow these steps:	
16	a. F	ill in the state in which you live.	PA	
16	b. F	ill in the number of people in your household.	2	
	T ir	o find a list of applicable median income amount astructions for this form. This list may also be ava	size of households, go online using the link specified in the separate illable at the bankruptcy clerk's office.	\$80,864.00_
17. <b>Ho</b>		lo the lines compare?	on the top of page 1 of this form, check box 1, <i>Disposable incom</i>	ne is not determined under 11
1,	u.	U.S.C. § 1325(b)(3). Go to Part 3. Do NO	T fill out Calculation of Your Disposable Income (Official Form	122C-2).
17	b.		of page 1 of this form, check box 2, <i>Disposable income is dete</i> <b>ulation of Your Disposable Income (Official Form 122C-2).</b> above.	
Part 3:		Calculate Your Commitment Period Under 11	U.S.C. § 1325(b)(4)	
18. <b>C</b> o	ру	your total average monthly income from line	11	\$1,687.00
tha	at ca	et the marital adjustment if it applies. If you are alculating the commitment period under 11 U.S.C e, copy the amount from line 13.	e married, your spouse is not filing with you, and you contend . § 1325(b)(4) allows you to deduct part of your spouse's	
19	a. If	the marital adjustment does not apply, fill in 0 on	line 19a.	-\$ 0.00
19	b. <b>S</b>	ubtract line 19a from line 18.		\$1,687.00
20. Ca	lcu	late your current monthly income for the year	Follow these steps:	
20	a. C	copy line 19b		\$1,687.00_
	N	fultiply by 12 (the number of months in a year).		<b>x</b> 12
20	b. T	he result is your current monthly income for the y	vear for this part of the form	\$ 20,244.00
20	c. C	copy the median family income for your state and	size of household from line 16c	\$80,864.00_
21	. н	low do the lines compare?		
	Σ	Line 20b is less than line 20c. Unless otherwiperiod is 3 years. Go to Part 4.	ise ordered by the court, on the top of page 1 of this form, chec	ck box 3, The commitment
		Line 20b is more than or equal to line 20c. Ur commitment period is 5 years. Go to Part 4.	nless otherwise ordered by the court, on the top of page 1 of the	nis form, check box 4, The
Part 4:		Sign Below		
Ву	sig	ning here, under penalty of perjury I declare that	the information on this statement and in any attachments is tru	e and correct.
		enton B. Loxley	X /s/ Deborah D. Loxley	
		on B. Loxley ature of Debtor 1	Deborah D. Loxley Signature of Debtor 2	
	ite	November 11, 2024	Date November 11, 2024	<u></u>
		MM / DD / YYYY	MM / DD / YYYY	
		checked 17a, do NOT fill out or file Form 122C-2.	this form. On line 39 of that form, copy your current monthly in	come from line 14 above
ıı y	, Ju	onconou iro, im out i oiin izzo-z anu ilic il Willi	and term. On the cook that form, copy your current monthly in	Como mom mile 17 above.

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Cha	pter 7:	Liquidation
	\$245	filing fee
	\$78	administrative fee
+	\$15	trustee surcharge
	\$338	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167		filing fee		
+	\$571	administrative fee		
\$1,738		total fee		

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

page 3

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/forms/bankruptcy-forms

### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.uscourts.gov/services-forms/bankruptcy/cre">http://www.uscourts.gov/services-forms/bankruptcy/cre</a> dit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/services-forms/bankruptcy/cre">http://www.uscourts.gov/services-forms/bankruptcy/cre</a> dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### **United States Bankruptcy Court Middle District of Pennsylvania**

In re	Kenton B. Loxley Deborah D. Loxley	•	Case No.	
111.10	Bossian B. Loney	Debtor(s)	Chapter	13
	DISCLOSURE OF COMPENS	SATION OF ATTO	RNEY FOR DE	CBTOR(S)
1	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b) paid to me within one year before the filing of the petition behalf of the debtor(s) in contemplation of or in connection	in bankruptcy, or agreed to	pe paid to me, for serv	
	For legal services, I have agreed to accept		\$	5,000.00
	Prior to the filing of this statement I have received		\$	587.00
	Balance Due		\$	4,413.00
2.	The source of the compensation paid to me was:			
	☐ Other (specify):			
3.	The source of compensation to be paid to me is:			
	☐ Other (specify):			
4.	☑ I have not agreed to share the above-disclosed compen	sation with any other persor	unless they are memb	pers and associates of my law firm.
	☐ I have agreed to share the above-disclosed compensation of the agreement, together with a list of the names of the same of			r associates of my law firm. A copy
5.	In return for the above-disclosed fee, I have agreed to rend	ler legal service for all aspec	ts of the bankruptcy c	ase, including:
1	<ul><li>a. Analysis of the debtor's financial situation, and rendering</li><li>b. Preparation and filing of any petition, schedules, staten</li><li>c. Representation of the debtor at the meeting of creditors</li><li>d. [Other provisions as needed]</li></ul>	nent of affairs and plan whic	h may be required;	
<b>6.</b> 1	By agreement with the debtor(s), the above-disclosed fee of Representation of the debtors in any other actions.		g service:	
		CERTIFICATION		
	I certify that the foregoing is a complete statement of any a ruptcy proceeding.	greement or arrangement for	payment to me for re	presentation of the debtor(s) in this
١	November 11, 2024	/s/ John M. Hyam	S	
Date		John M. Hyams 8		_
		Signature of Attorn John M. Hyams	ey	
		2023 N 2nd St		
		Harrisburg, PA 17	′102 Fax: (717) 695-9520	n
		jmh@johnhyamsl		J
		Name of law firm		